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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004913

1. Corporation Name

ROYAL GRAND CHAPTER ORDER OF EASTERN STARS STATE OF FLORIDA INCORPORATED

Principal Place of Business
GRAND EAST TEMPLE BLDG
1199 SOUTH BRUTON BLVD.
ORLANDO FL 32805

Mailing Address
EDNA F. HILL
P.O. BOX 12533
JACKSONVILLE FL 32209


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Grand East Temple Bldg		26 Edna F. Hill		08/26/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 1199 S. Bruton Blvd.		27 P.O. BOX 12533		☒ Applied For ☐ Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Orlando, FL 32805		28 JAX. FL.		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 32805		29 32209		30 DUVAL	

9. Name and Address of Current Registered Agent

HILL, EDNA F
2487 W 23RD STREET
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HILL, EDNA F	1.2 NAME	
STREET ADDRESS	2487 W 23RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	JENKINS, LOIS C	2.2 NAME	
STREET ADDRESS	1912 W 4TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KENNERLY, DOROTHY C	3.2 NAME	
STREET ADDRESS	3228 RIFAULT SCENIC DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SAPP, GLORIA	4.2 NAME	
STREET ADDRESS	P.O. BOX 616811	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32861-6871	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: EDNA F. HILL 3/10/99 904-354-7803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)