

FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

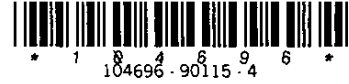


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10434

1. Corporation Name

VENICE COUNCIL NO. 41 ROYAL AND SELECT MASTERS



Principal Place of Business

VENICE MASONIC TEMPLE
118 EAST VENICE AVE.
VENICE, FL 34285

Mailing Address

708 TAMiami TRAIL SOUTH
SUITE 201
VENICE FL 34285-3615
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/15/1953

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2186871

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYDER, MALCOM B.
708 TAMiami TRAIL SOUTH
SUITE 201
VENICE FL 34285

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 **TD** ☐ DELETE
NAME **CRAIG, SR. R**
STREET ADDRESS **PO BOX 683 N/A**
CITY-ST-ZIP **LAUREL FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **BASTOS, LESLIE T.**
STREET ADDRESS **265 OUTER DRIVE WEST**
CITY-ST-ZIP **VENICE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **Malcolm E Wade**
2.4 CITY-ST-ZIP **3923 Country View Lane**
Sarasota Fl 34233-4135

TITLE **VD** ☐ DELETE
NAME **HUTTON, CHARLES T**
STREET ADDRESS **3630 BONAVENTURE CT**
CITY-ST-ZIP **SARASOTA FL 34243-4801**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **PD**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **RYDER, MALCOLM B**
STREET ADDRESS **708 TAMiami TR., S. #201**
CITY-ST-ZIP **VENICE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MARCHETTI, LOUIS E**
STREET ADDRESS **9397 MIDNIGHT PASS RD**
CITY-ST-ZIP **SARASOTA FL 34242-2949**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Malcolm B. Ryder
(Signature)

01-09-99

941-484-0311

CR2E037 (11/98)