

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 2/15/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 JUL 20 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **C10439 (3)**

1. Corporation Name
**ST. JOHNS COUNCIL NO. 37, ROYAL AND SELECT MASTE
RS**

Mailing Address
**% F.R. YOUNG
623 CHERRY TREE LANE
DE LAND FL 32724-7504**

Principal Place of Business
**2111 N. SPRING GARDEN AVE
DELAND FL 32720**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified 06/15/1953	3a. Date of Last Report 07/16/1993
4. FEI Number 59-3034094	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Mailing Address		2a. Principal Place of Business	
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YOUNG, FREDERICK R 623 CHERRY TREE LANE DELAND FL 32724				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature typed or printed name of registered agent and his full address Name, Registered Agent (signature required when filing) Address

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS			
1.1 TITLE	D	1.1 TITLE	D	1.1 TITLE	D	1.1 TITLE	D
1.2 NAME	BREYER, WALTER JR	1.2 NAME	FRITCH, Ronald J.	1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS	1480 TOLSON RD	1.3 STREET ADDRESS	1420 E. Euclid Ave.	1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	DELAND FL 32720	1.4 CITY - ST - ZIP	De Land, FL 32724	1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE	D	2.1 TITLE		2.1 TITLE		2.1 TITLE	
2.2 NAME	COMBS, JOHN A	2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS	24016 E BOBCAT RD	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	ASTOR FL 32102	2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3.1 TITLE	D	3.1 TITLE	D	3.1 TITLE	D	3.1 TITLE	D
3.2 NAME	COLE, BERNARD G.	3.2 NAME	SCHUETZ, Frederick W.	3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS	1540 W. TALTON AVE	3.3 STREET ADDRESS	1418 Douglas Ave.	3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	DELAND FL 32720	3.4 CITY - ST - ZIP	De Land, FL 32720	3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE	T	4.1 TITLE		4.1 TITLE		4.1 TITLE	
4.2 NAME	MULLER, JOHN W	4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS	708C E MINNESOTA AVE	4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	DELAND FL 32724	4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE	S	5.1 TITLE		5.1 TITLE		5.1 TITLE	
5.2 NAME	YOUNG, FREDERICK R.	5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS	623 CHERRY TREE LANE	5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	DELAND FL 32724-7504	5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE		6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, truthful and does not qualify for the exemption stated in Section 119.011, 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 creator or funding instrument to create this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an attachment with an address.

SIGNATURE: **Frederick R. Young** *Frederick R. Young* 7/14/94 (904) 736-7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR