

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **C10439** (3)

1. Corporation Name

ST. JOHNS COUNCIL NO. 37, ROYAL AND SELECT MASTE RS



Principal Place of Business

2111 N. SPRING GARDEN AVE
DELAND FL 32720

Mailing Address

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

3. Date Incorporated or Qualified **06/15/1953** 3a. Date of Last Report **03/15/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3034094		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

**YOUNG, FREDERICK R
623 CHERRY TREE LANE
DELAND FL 32724**

10. Name and Address of New Registered Agent

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITCH, RONALD J.	1.2 NAME	Canfield, Hestel O.
STREET ADDRESS	1420 E. EUCLID AVENUE	1.3 STREET ADDRESS	765 N. Boundary Ave.
CITY - ST - ZIP	DELAND FL	1.4 CITY - ST - ZIP	De Land, FL 32720
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS, JOHN A	2.2 NAME	Van Ness, Pete
STREET ADDRESS	24016 E BOBCAT RD	2.3 STREET ADDRESS	229 S. Blue Lake Ave.
CITY - ST - ZIP	ASTOR FL 32102	2.4 CITY - ST - ZIP	De Land, FL 32724
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUETZ, FREDERICK W.	3.2 NAME	
STREET ADDRESS	1418 DOUGLAS AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, JOHN W	4.2 NAME	
STREET ADDRESS	708C E MINNESOTA AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL 32724	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, FREDERICK R.	5.2 NAME	
STREET ADDRESS	623 CHERRY TREE LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL 32724-7504	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Frederick R. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 6, 1996 (904) 736-7410

Date

Daytime Phone #

CR2E037 (12/95)