

FILE NOW: FILING FEE IS \$61.25

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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10439 (3)

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



Principal Place of Business 2557 SPRING GARDEN AVE. DELAND FL 32720 US	Mailing Address 643 N. STONE ST. 623 CHEBRY TREE LANE DE LAND FL 32720 US
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3. Date Incorporated or Qualified
06/15/1953

4. FEI Number
59-3034094

Applied For
 Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 <i>Ronald J. Fritch, Secy</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>P.O. Box 3127</i>
City & State 23	City & State 28 <i>DeLand, FL</i>
Zip 24	Country 30 <i>US</i>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**COLE, BERNARD G.
643 NORTH STONE STREET
DELAND FL 32720**

10. Name and Address of New Registered Agent

81 Name *Ronald J. Fritch, Secy*

82 Street Address (P.O. Box Number is Not Acceptable)
1420 E. Euclid Ave.

83

84 City *DeLand* **FL** **85** Zip Code *32724*

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 *Ronald J. Fritch (Ronald J. Fritch)* **Jan 12, 1998**

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 type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRITCH, RONALD J.		1.2 NAME	<i>Walter Broyer</i>
STREET ADDRESS 1420 E. EUCLID		1.3 STREET ADDRESS	<i>1460 TOLSON Rd</i>
CITY-ST-ZIP DELAND FL		1.4 CITY-ST-ZIP	<i>DeLand, FL 32720</i>
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAN NESS, PETE		2.2 NAME	
STREET ADDRESS 229 S BLUE LAKE AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP DELAND FL		2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLE, BERNARD G.		5.2 NAME	
STREET ADDRESS 643 N. STONE STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP DELAND FL		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 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.

SIGNATURE: *Ronald J. Fritch (Ronald J. Fritch)* **1/12/98** **904-738-4323**

CFR2E037 (10/97)