


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90109 039 ****61.25

DOCUMENT # C10439

1. Entity Name
ST. JOHNS COUNCIL NO. 37, ROYAL AND SELECT MASTERS



Principal Place of Business
**2557 SPRING GARDEN AVE.
 DELAND, FL 32720 US**

Mailing Address
~~PO BOX 681~~
DELAND, FL 32721-0681 US

50002680



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
736 W Rich Ave
 Suite, Apt. #, etc.

02142006 Chg-NP CR2E037 (11/05)

City & State
Deland FL

City & State
Deland FL

Zip Country
32720 USA

4. FEI Number
59-3034094

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FRITCH, RONALD J
 736 RICH AVE
 DELAND, FL 32720**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ronald J Fritch, Secretary* DATE 3/13/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	FRITCH, RONALD J.	
STREET ADDRESS	736 W. RICH AVE.	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMBS, JOHN	
STREET ADDRESS	24016 BOBCAT ROAD	
CITY-ST-ZIP	ASTOR, FL 321022616	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUETZ, FREDERICK W.	
STREET ADDRESS	1418 DOUGLAS AVENUE	
CITY-ST-ZIP	DELAND, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MULLER, JOHN W	
STREET ADDRESS	708C E MINNESOTA AVE	<i>Deceased</i>
CITY-ST-ZIP	DELAND, FL 32721	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREYER, WALTER	
STREET ADDRESS	1460 TOLSON RD	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUCK, WILLIAM	
STREET ADDRESS	726 N FLORIDA AVENUE	
CITY-ST-ZIP	DELAND, FL 32720	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Cox	
STREET ADDRESS	970 Bramble Bush Cir	
CITY-ST-ZIP	Port Orange, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald J Fritch* DATE: 3/13/06 DAYTIME PHONE #: 386-738-4323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #