

**FILE NOW: FILING FEE IS \$61.25**

NON-PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary  
DIVISION OF CORPORATIONS

**DOCUMENT # C10454 (2)**

1. Corporation Name

**DADE CITY COUNCIL NO. 40, ROYAL AND SELECT MASTE  
RS**



Principal Place of Business

**13642 21ST ST  
DADE CITY FL 33525  
US**

Mailing Address

**P O BOX 2185  
BUSHNELL FL 33513  
US**

3. Date Incorporated or Qualified  
**06/15/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2627504**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHARCH, CHARLES B  
P O BOX 2185  
CR 674 # 8055  
BUSHNELL FL 33513**

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 '92

TITLE ☒ DELETE  
NAME ~~KIRKPATRICK, MORGAN HUTCHISON~~  
STREET ADDRESS ~~35130 PROSPECT RD.~~  
CITY-ST-ZIP ~~DADE CITY FL 33525~~

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **LOUIE KING**  
1.3 STREET ADDRESS **P.O. BOX 8 (N/A)**  
1.4 CITY-ST-ZIP **TRILBY, FL. 33593**

TITLE ☒ DELETE  
NAME ~~RUSHING, JAMES JOSEPH~~  
STREET ADDRESS ~~1990 SW 123 RD.~~  
CITY-ST-ZIP ~~WEBSTER FL 33597~~

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **STEVE DIECKHOBER**  
2.3 STREET ADDRESS **3732.3 LONG AVE.**  
2.4 CITY-ST-ZIP **DADE CITY, FL. 33525**

TITLE ☒ DELETE  
NAME ~~LINVILLE, ROY LEE~~  
STREET ADDRESS ~~14500 S.C. RD.~~  
CITY-ST-ZIP ~~DADE CITY FL 33525~~

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **JOHN C. DATES JR.**  
3.3 STREET ADDRESS **21950 SQUIREL PRAIRIE RD**  
3.4 CITY-ST-ZIP **BROOKSVILLE, FL. 34600**

TITLE ☒ DELETE  
NAME ~~KIRKPATRICK, MORGAN H~~  
STREET ADDRESS ~~35130 PROSPECT RD.~~  
CITY-ST-ZIP ~~DADE CITY FL 33525~~

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **FRED C. SCHILLING**  
4.3 STREET ADDRESS **37415 DUKE LANE**  
4.4 CITY-ST-ZIP **ZEPHYRHILLS, FL. 33541**

TITLE ☐ DELETE  
NAME **SCHARCH, CHARLES B**  
STREET ADDRESS **P O BOX 2185 CR 674 #8055**  
CITY-ST-ZIP **BUSHNELL FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **CHARLES B. SCHARCH, Secretary/Proctor**  
5.3 STREET ADDRESS **P.O. Box 2185 CR 674 #8055**  
5.4 CITY-ST-ZIP **Bushnell, FL. 33513**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Charles B. Scharch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES B. SCHARCH**

**4/25/96**

**1-352-793-3847**

Date

Daytime Phone

CR2E037 (12/95)