

**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

Mailing Address

13642 21ST ST  
DADE CITY FL 33525  
US

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

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	<del>KIRKPATRICK, MORGAN HUTCHISON</del>	<del>35130 PROSPECT RD</del>	<del>DADE CITY FL 33525</del>	<input checked="" type="checkbox"/>
D	<del>RUSHING, JAMES JOSEPH</del>	<del>4900 SW 123 RD</del>	<del>WEBSTER FL 33597</del>	<input checked="" type="checkbox"/>
D	<del>LINVILLE, ROY LEE</del>	<del>14500 S.C. RD</del>	<del>DADE CITY FL 33525</del>	<input checked="" type="checkbox"/>
T	<del>KIRKPATRICK, MORGAN H</del>	<del>35130 PROSPECT RD</del>	<del>DADE CITY FL 33525</del>	<input checked="" type="checkbox"/>
S	SCHARCH, CHARLES B	P O BOX 2185 CR 674 8055	BUSHNELL FL	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	LOUVE KING	P.O. BOX 8	TRIBBY, FL. 33593	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	STEVE DIECKOBER	3732.3 LONG AVE.	DADE CITY, FL. 33525	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	JOHN G. DATES JR.	21950 SQUIREL PRAIRIE RD	BROOKSVILLE, FL. 34800	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	FRED C. SCHILLING	37445 DUKE LANE	ZEPHYRHILLS, FL. 33541	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CHARLES B. SCHARCH, Jr	P.O. Box 2185 CR 674 #8055	Bushnell, FL. 33513	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*

4/05/96 1-352-793-3847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)

Bank deposit \$61.25