

2013 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10434

Entity Name: VENICE COUNCIL NO. 41 ROYAL AND SELECT MASTERS**Current Principal Place of Business:**VENICE MASONIC TEMPLE
118 EAST VENICE AVE.
VENICE,, FL 34285**Current Mailing Address:**5371 KENT ROAD
VENICE, FL 34293 US**FEI Number:** 59-2186871**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WERMANN, JOHN F
5371 KENT ROAD
VENICE, FL 34293 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|-----------------|
| Title | R |
| Name | WERMANN, JOHN F |
| Address | 5371 KENT ROAD |
| City-State-Zip: | VENICE FL 34293 |

| | |
|-----------------|---------------------|
| Title | IM |
| Name | LAWRENCE, JEFFREY T |
| Address | P O BOX 2866 |
| City-State-Zip: | SARASOTA FL 34230 |

| | |
|-----------------|---------------------|
| Title | DM |
| Name | OSTERMEYER, DAMIAN |
| Address | 7216 51ST TERR EAST |
| City-State-Zip: | PALMETTO FL 34221 |

| | |
|-----------------|-----------------------|
| Title | T |
| Name | WEST, ERIC B |
| Address | 1616 PINE STREET EAST |
| City-State-Zip: | NOKOMIS FL 34275 |

| | |
|-----------------|------------------------|
| Title | PIM |
| Name | AHRENS, ARTHUR JIII |
| Address | 1601 SCOTCH PINE DRIVE |
| City-State-Zip: | BRANDON FL 33511 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN F. WERMANN**RECORDER****02/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date