2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

02-11-2008 90066 034 ****61.25

DOC	IMENIT # C10367	

1. Entity Name

MOST ILLUSTRIOUS GRAND COUNCIL OF ROYAL AND SELECT MASTERS OF FLORIDA



Principal Place of Business Mailing Address **188 INTERLAKE BLVD** PO BOX 2740 LAKE PLACID, FL 33862-2740 US LAKE PLACID, FL 33852 US 2 Principal Place of Business - No.P.O. Box # 7.01 Spruce AVenue 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-6178233 Lake Placid, FL City & State Applied For -Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33852 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEELE, STEVEN Q Street Address (P.O. Box Number is Not Acceptable) 210 ANNA MARIA WAY NE LAKE PLACID, FL 33852 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 _____ pre, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete IIILE ☐ Change ☐ Addition MALONE, GEORGE E NABA STREET ADDRESS 1707 GOLFVIEW DRIVE STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 CITY-ST-ZIP D TIFLE ☐ Delete ☐ Change ☐ Addition SMITH, DENCEL R NAME NAME STREET ADDRESS 2913 JOYCE DRIVE STREET ADDRESS TALLAHASSEE, FL 32303 CITY-ST-7IP CITY-ST-ZIP IIILE Delete TITLE Addition NAME GILMORE, CARL E STREET ADDRESS 1920 LIBBY COURT STREET ADDRESS . ----CITY-ST-ZIP HOLIDAY, FL 34690 CITY-ST-ZIP TITLE Delete IIILE ☐ Change Addition FOREMAN, RICHARD E NAME NAME 4316 NORTH SHORE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LYNN HAVEN, FL 32444 CITY-ST-7/P TITLE ☐ Delete TM F Change Addition STEELE, STEVEN Q NAME STREET ADDRESS **PO BOX 720** STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 338620720 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 cath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

2/08/08

863-465-0301

Daytime Phone (