

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90270 025 ****61.25

DOCUMENT # C10372 1. Entity Name CLEARWATER COUNCIL NO. 34, ROYAL SELECT MASTERS					
Principal Place of Business 1297 MICHIGAN BOULEVARD DUNEDIN, FL 34698			Mailing Address P.O. BOX 4732 CLEARWATER, FL 34618-4732		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 253 Suite, Apt. #, etc.			
City & State DUNEDIN, FL		City & State DUNEDIN, FL		4. FEI Number 59-1784239	
Zip 34697		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, LYNN F 80 POOLE PLACE OLDSMAR, FL 34677-2349					
7. Name and Address of New Registered Agent Name MOIR, BRUCE S. Street Address (P.O. Box Number is Not Acceptable) 2912 EDENWOOD ST City CLEARWATER FL Zip Code 33759					
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 BRUCE S. MOIR, SEC 3/4/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLEMAN, LYNN F 80 POOLE PLACE OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOIR, BRUCE S. 2912 EDENWOOD ST. CLEARWATER, FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, ANDREW J III 2782 SCOBEE DRIVE PALM HARBOR, FL 346837212	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBY, LAWRENCE H. 7703 RADCLIFFE CIRCLE PORT RICHEY, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, BRUCE L 11050 111TH STREET, NORTH LARGO, FL 337783142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, EDWARD M. 3625 ELFEAS PARKWAY NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CILERO, CHARLES 4124 RACCON LOOP NEWPORT RICHEY, FL 346536451	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: BRUCE S. MOIR 3/4/2005 727-787-6689 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					