
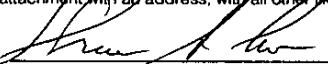


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90003 005 ****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 PO BOX 253 DUNEDIN, FL 34697		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1784239	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOIR, BRUCE S 2912 EDENWOOD ST CLEARWATER, FL 33759			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOIR, BRUCE S		NAME		
STREET ADDRESS	2912 EDENWOOD ST		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33759		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBY, LAWRENCE H		NAME		
STREET ADDRESS	7703 RADCLIFFE CIR		STREET ADDRESS		
CITY - ST - ZIP	PORT RICHEY, FL 34668		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, BRUCE L		NAME		
STREET ADDRESS	11050 111TH STREET, NORTH		STREET ADDRESS		
CITY - ST - ZIP	LARGO, FL 337783142		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTTON, EDWARD M		NAME		
STREET ADDRESS	3625 ELFERS PKWY		STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY, FL 34655		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D THOMAS, LOUIS E.	
STREET ADDRESS			STREET ADDRESS	8201 DIAGONAL ROAD N.	
CITY - ST - ZIP			CITY - ST - ZIP	ST. PETERSBURG, FL 33702	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D CICERO, CHARLES C.	
STREET ADDRESS			STREET ADDRESS	4124 RACON LOOP RD.	
CITY - ST - ZIP			CITY - ST - ZIP	NEW PORT RICHEY, FL 34653	
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 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		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		