


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90189 010 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State 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 MOIR, BRUCE S 2912 EDENWOOD ST CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <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, 2008		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 MOIR, BRUCE S 2912 EDENWOOD ST CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LOUIS E 8201 DIAGONAL RD N. SAINT PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, BRUCE L 11050 111TH STREET, NORTH LARGO, FL 337783142		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, EDWARD M 3625 ELFERS PKWY NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBY, LAWRENCE 7703 RADCLIFFE CIRCLE PORT RICHEY, FL 34668-3926	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DON 10418 FLAGSHIP AVE PORT RICHEY, FL 34668		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUD, LEONARDO 7110 WAX LEAF COURT PORT RICHEY, FL 34668-6945	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Bruce S. Moir</u> <u>4/26/08</u> <u>727-797-6685</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					