2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10372

Apr 30, 2009 Secretary of State

Entity Name: CLEARWATER COUNCIL NO. 34, ROYAL SELECT MASTERS

Current Principal Place of Business: New Principal Place of Business:

1297 MICHIGAN BOULEVARD 1297 MICHIGAN BOULEVARD DUNEDIN, FL 34698 DUNEDIN, FL 34698

Current Mailing Address: New Mailing Address:

PO BOX 253 PO BOX 253

DUNEDIN, FL 34697 DUNEDIN, FL 34697 US

FEI Number: 59-1784239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOIR, BRUCE S 2912 EDENWOOD ST CLEARWATER, FL 33759

US

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MOIR, BRUCE S MOIR, BRUCE S Name: Name: 2912 EDENWOOD ST Address: 2912 EDENWOOD ST Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: CLEARWATER, FL 33759 US

Title: Title: (X) Change () Addition () Delete THOMAS, LOUIS E Name: CICERO, CHARLES C Name:

Address: 8201 DIAGONAL RD N. Address: 4124 RACOON LOOP ROAD City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: NEW PORTRICHEY, FL 34653 US

Title: () Delete Title: () Change () Addition

DAVIS, BRUCE L Name: Name: 11050 111TH STREET, NORTH Address: Address: City-St-Zip: LARGO, FL 337783142 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: RUBY, LAWRENCE Name: WARE, PHILIP S 10395 54TH AVENUE NORTH Address: 7703 RADCLIFFE CIRCLE Address: City-St-Zip: PORT RICHEY, FL 346683926 City-St-Zip: ST PETERSBURG, FL 33708 US

Title: () Delete Title: (X) Change () Addition

LURO, LEONARDO LUPO, LEONARDO Name: Name: 7110 WAX LEAF CT 7110 WAX LEAF CT Address: Address:

PORT RICHEY, FL 346686949 PORT RICHEY, FL 346686949 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE S MOIR D 04/30/2009