

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # C10374 (2)**

1. Corporation Name

**HALLMARK COUNCIL NO. 3, ROYAL & SELECT MASTERS**

Principal Place of Business

Mailing Address

**1237 S MCDUFF AVE  
JACKSONVILLE FL 32205****1237 S MCDUFF AVE  
JACKSONVILLE FL 32205-8060**3. Date Incorporated or Qualified  
**06/15/1953**3a. Date of Last Report  
**04/11/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-1738719**Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution☐ **\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRINGTON, WENDELL D  
1237 S MCDUFF AVE  
JACKSONVILLE FL 32205**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **MCTIGHE, LLOYD B**  
STREET ADDRESS **370 DUNWOODIE RD**  
CITY - ST - ZIP **ORANGE PARK FL**1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **KAMPS, DEMETRIOS**  
1.3 STREET ADDRESS **11689 SUMMER TREE RD N.**  
1.4 CITY - ST - ZIP **JACKSONVILLE FL. 32246**TITLE **D** ☐ DELETE  
NAME **PARTRIDGE, GEORGE F.**  
STREET ADDRESS **3474 TRAILRIDGE ROAD**  
CITY - ST - ZIP **MIDDLEBURG FL**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE **D** ☐ DELETE  
NAME **RUSS, ALBERT B.**  
STREET ADDRESS **8118 SABAL OAK LANE**  
CITY - ST - ZIP **JACKSONVILLE FL**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE **T** ☐ DELETE  
NAME **JOHNSON, JOSEPH J**  
STREET ADDRESS **1110 E 13TH ST**  
CITY - ST - ZIP **JACKSONVILLE FL**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE **S** ☐ DELETE  
NAME **ADAMS, VERNONE**  
STREET ADDRESS **5859 110TH ST.**  
CITY - ST - ZIP **JACKSONVILLE FL**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Vernon E. Adams***VERNON E. ADAMS****904 771 8847**

CR2E037 (9/96)