


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90305 048 ****61.25

DOCUMENT # C10376					
1. Entity Name LAKE CITY COUNCIL NO. 35 ROYAL AND SELECT MASTERS					
Principal Place of Business LC LODGE #27 LAKE CITY, FL 32056			Mailing Address PO BOX 1328 LAKE CITY, FL 32056-1328		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1821763	
Zip		Country		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		
MCDAVID, TERRY X28 HERNANDO ST 178 SE Hernando Ave. LAKE CITY, FL 32056 32025			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEECHER, CHARLES E		NAME		
STREET ADDRESS	745 THERESA ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUDSON, MARTY		NAME		
STREET ADDRESS	RT 1 BOX 174-A		STREET ADDRESS		
CITY-ST-ZIP	JASPER, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORGAN, JERRY R		NAME		
STREET ADDRESS	PO BOX 2602 N/A		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 320562602		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, HUGH F		NAME		
STREET ADDRESS	PO BOX 844 N/A		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 320560844		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERRY, E COLON		NAME		
STREET ADDRESS	RT 5 BOX 610		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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>Hugh F. Moore</u> HUGH F. MOORE			Date: <u>4-15-05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		