

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

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**



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1821763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCDAVID, TERRY
178 SE HERNANDO DR
LAKE CITY, FL 32025**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

U000000907278
05/05/08-80032-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEECHER, CHARLES E
STREET ADDRESS	745 THERESA ST
CITY-ST-ZIP	LAKE CITY, FL
TITLE	D
NAME	HUDSON, MARTY
STREET ADDRESS	RT 1 BOX 174-A
CITY-ST-ZIP	JASPER, FL
TITLE	D
NAME	MORGAN, JERRY R
STREET ADDRESS	PO BOX 2602 N/A
CITY-ST-ZIP	LAKE CITY, FL 320562602
TITLE	D
NAME	MOORE, HUGH F
STREET ADDRESS	PO BOX 844 N/A
CITY-ST-ZIP	LAKE CITY, FL 320560844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Charles E. Beecher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-752-1017