

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90016 041 ****61.25

DOCUMENT # C10389 1. Entity Name LAWTEY COUNCIL NO. 39 ROYAL AND SELECT MASTERS					
Principal Place of Business 24716 GROVE STREET P.O. BOX 431 LAWTEY, FL 32058-0431 US			Mailing Address 24716 GROVE STREET P.O. BOX 431 LAWTEY, FL 32058-0431 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1881520	
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	
BEEMAN, ERNEST W 2553 SE 144TH STREET STARKE, FL 32091				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GALEN E		NAME	DILLARD, DAVID D.	
STREET ADDRESS	8620 NW 13TH STREET, LOT 195		STREET ADDRESS	6525 WOLVERINE LN	
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, ROBERT E		NAME	BULLARD, ROBERT H.,	
STREET ADDRESS	1704 NW 38TH DR		STREET ADDRESS	1195 LAKE ASBURY DR	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEEMAN, ERNEST W		NAME		
STREET ADDRESS	2553 SE 144TH ST		STREET ADDRESS		
CITY-ST-ZIP	STARKE, FL 32091		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, HOWARD D		NAME	ATWELL, ROBERT G.,	
STREET ADDRESS	4929 PEPPERGRASS ST		STREET ADDRESS	4104 APPALOOSA RD.	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMACHO, FRANCICO T		NAME	CHAPIN, III, RAYMOND W.,	
STREET ADDRESS	3241 NW 233 ST		STREET ADDRESS	4124 SCENIC DR.,	
CITY-ST-ZIP	LAWTEY, FL 32058		CITY-ST-ZIP	MIDDLEBURG, FL 32068	
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 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: <i>Ernest W Beeman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-24-07 <small>Date Daytime Phone #</small>		