
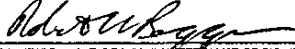


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90193 019 ****61.25

DOCUMENT # C10414 1. Entity Name HALIFAX COUNCIL NO. 1, ROYAL AND SELECT MASTERS					
Principal Place of Business 119 RAY MAR DR ORMOND BCH, FL 32176-4736 US			Mailing Address 119 RAY MAR DR ORMOND BCH, FL 32176-4736 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03252007 Chg-NP CR2ED37 (12/06)	
4. FEI Number 23-7583203				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENTHAL, HARRY A 329 BRADDOCK AVE. DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing)</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 NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, EDWIN B III 8 BARBARA CT ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERALDS, ELMER 1 SETTING SUN TRL ORMOND BCH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERSON, FRANCIS C JR 129 OLD CARRIAGE RD PORT ORANGE, FL 321276909	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENTHAL, HARRY A. 329 BRADDOCK AVE. DAYTONA BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR BOGGESE, ROBERT W 119 RAY MAR DR ORMOND BCH, FL 321764736	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM PRICE, EDWARD P 35 SEA HARBOR DR E. ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM DAMON S. SANSOM 1839 NELSON AVE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		ROBERT W. BOGGESE		4-12-2007 386-441-3049	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					