

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **C10415** (3)

1. Corporation Name

ORLANDO COUNCIL NO. 5, ROYAL AND SELECT MASTERS

Principal Place of Business

Mailing Address

**3813 WYLDEWOOD LANE
ORLANDO FL 32806-7422**

**3813 WYLDEWOOD LANE
ORLANDO FL 32806-7422**



3. Date Incorporated or Qualified

06/15/1953

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLETCHER, JOHN B JR
3813 WYLDEWOOD LANE
ORLANDO FL 32806-7422**

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	FAVOR, GERALD H.,	
STREET ADDRESS	4995 TANGERINE AVE.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☐ DELETE
NAME	MCNABB, FREDDY G.	
STREET ADDRESS	1814 CORNETT PL	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	☐ DELETE
NAME	ALBRIGHT, VIRGIL D	
STREET ADDRESS	6650 POMPEII RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	☐ DELETE
NAME	OEHLERT, CLAY H	
STREET ADDRESS	4002 KASPER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	FLETCHER, JOHN B	
STREET ADDRESS	3813 WYLDEWOOD LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	COLLIER, GEORGE T.	
1.3 STREET ADDRESS	6618 HORSE SHOE BEND	
1.4 CITY-ST-ZIP	ORLANDO, FL 32822-3864	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	KISSIMMEE, FL 34741-2005	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	ORLANDO, FL 32822-3958	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	ORLANDO, FL 32806-1851	
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	ORLANDO, FL 32806-7422	
6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 *John B. Fletcher Jr.*
JOHN B. FLETCHER JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 25, 1996 (407) 851-8456

Date

Daytime Phone #

CR2E037 (12/95)