FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

C10415

(3)

ORLANDO COUNCIL NO. 5, ROYAL AND SELECT MASTERS

						53): 4110: 1003		
Principal Place of Business Mailing Address						##### #####	i goll digit blast digit dig	H MINIO AIDII INDI
3813 WYLDEWO ORLANDO FL		3813 WYLDEWOOD LANE ORLANDO FL 32806-7422						
					3. Date incorporated 06/15/1950	or Qualified	3a. Date of Las 01/31/	t Report 1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	4. FEI Number Applied Fo		Applied For	
21 Suite And High		26		59-1809187 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Statu	tificate of Status Desired			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Country		8. This corporation h	as liability for		
24	25	29	30		Florida Statutes		Yes 🐼 No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Addre	s of New Re	gistered Agent	
FIFTON	ED JOHN D ID		81	Name				
	ER, JOHN B JR YLDEWOOD LANE	82		Street Address (P.O. Box Number is Not Acceptable)				
	O FL 32806-7422		83					
			84	City			FL 85 Z	ip Code
11. Pursuant	to the provisions of Sections 617,050.	2 and 617 1508 Florida Statut	es the show	-nome	corporation cultimite this state	mont for the r		a to registered
onice or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized by	the cor	poration's board of directors. I	hereby acce	pt the appointment	as registered
SIGNATURE	THE VIEW MANIEUM STATES							
12.	Signature, typed or printed name of registered age OFFICERS ANI		E: Registered Age	nt signaturi	e required when reinstating) ADDITIONS/CHANG	ES TO OFFI	DATE	ODC IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHAIN	ico 10 Orric	Chang	
NAME	COLLIER, GEORGE T.		1.2 NAME					to First Magnitori
STREET ADDRESS	6618 HORSE SHOE BEND		1.3 STREET	ADDRESS				
CITY-S1-ZIP	ORLANDO FL		1.4 CITY - S					
TITLE	D	DELETE	2.1 TITLE		D	·	29 Chang	e Addition
NAME	MCNABB, FREDDY G.		2.2 NAME		NODEN, DOUGLAS	Α.		
STREET ADORESS	1814 CORNETT PL		2.3 STREET	ADDRESS	2875 S ORANGE		SUTTE 500	DEPre90
CITY-ST-ZIP	KISSIMMEE FL		2. 4 CITY • 9	ST-ZIP	ORLANDO FI		70111 300	DD1
TITLE	D	DELETE	3.1 TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Chang	e Addition
NAME	ALBRIGHT, VIRGIL D		3.2 NAME					
STREET ADDRESS	6650 POMPEII RD		3.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4. CITY - S	IT-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Chang	e Addition
NAME	OEHLERT, CLAY H		4. 2 NAME				•	
STREET ADDRESS	4002 KASPER DR		4.3 STREET	ADDRESS				
CITY-SI-ZIP	ORLANDO FL		4.4 CITY - S	T-ZIP				
TITLE	D CLETCUED KOUND	DELETE	5.1 TITLE				Chang	e Addition
NAME	FLETCHER, JOHN B		5.2 NAME					
STREET ADDRESS	3813 WYLDEWOOD LN		5.3 STREET					
CITY-ST-ZIP	ORLANDO FL	T on our	5.4 CITY-\$	T-ZIP			1 7	
TITLE		DELETE	6.1 TITLE				☐ Chang	e [] Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP			64 CITY-S	T. 71P	1			

14. I do 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 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 porporation or the receiver or trusted impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or pick of the death and the property of the porporation of the receiver or trusted in Section 119.07(3)(i), 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 porporation or the receiver or trusted impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or pick of the porporation or the receiver or trusted impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or pick of the porporation or the receiver or trusted impowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 21 1997 8:00am

Secretary of State