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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10415

1. Corporation Name

ORLANDO COUNCIL NO. 5, ROYAL AND SELECT MASTERS

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/15/1953

4. FEI Number

59-1809187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **COLLIER, GEORGE T.**
CITY-ST-ZIP **6618 HORSE SHOE BEND
ORLANDO FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **NODEN, DOUGLAS A**
CITY-ST-ZIP **2875 S ORANGE AVE, STE 500, DPT 900
ORLANDO FL 32806**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCBRIDE, WILLIS T**
CITY-ST-ZIP **2405 BANCHORY RD
WINTER PARK FL 32792**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **CARR, RICHARD J**
CITY-ST-ZIP **210 S EMBERY ST
CASSELBERRY FL 32707**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FLETCHER, JOHN B**
CITY-ST-ZIP **3813 WYLDEWOOD LN
ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **FOX, RICHARD I**
1.4 CITY-ST-ZIP **525 S ALDER AVE
ORLANDO FL 32807-4872**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **32806-7422**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

JOHN B. FLETCHER JR. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 (407) 851-8456
Date Daytime Phone

CR2E037 (11/98)