## **FILED** Jan 23, 2004 8:00 am 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT Secretary of State** DOCUMENT # C10415 01-23-2004 90040 011 \*\*\*\*61.25 ORLÁNDO COUNCIL NO. 5, ROYAL AND SELECT **MASTERS** Principal Place of Business Mailing Address 3813 WYLDEWOOD LANE 3813 WYLDEWOOD LANE ORLANDO, FL 32806-7422 ORLANDO, FL 32806-7422 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1809187 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLETCHER, JOHN B JR 3813 WYLDEWOOD LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32806-7422 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 arm familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling				DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	•	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State		
10.	10. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
THEME STREET ADDRESS CITY-ST-ZIP	D DICKENSON, JAMES D 101 SILVER CLUSTER CT. LONGWOOD, FL 327504029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change <sub>,</sub>	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, THOMAS S 2913 CONDEL DRIVE ORLANDO, FL 328125847	፟ <b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENBERG, H 1506 THE OAH MAITLAND, FI	KS DRIVE	□ Change	<b>⊠</b> Addition
NAME STREET ADDRESS CITY-ST-ZIP	WARREN, CHARLES W 664 WREN DR. CASSELBERRY, FL 327074817	Delete	NAME STREET ADDRESS CITY-ST-ZIP				_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIIS, JAMES J 4121 WATERFRONT PKWY ORLANDO, FL 328067464	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLIER, GEO 6618 HORSE S ORLANDO, FL	SHOE BEND	Change	፟፟ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, JOHN B 3813 WYLDEWOOD LN ORLANDO, FL 328067422	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition

12. 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 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description Prior Prio