


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90070 010 \*\*\*\*61.25

<b>DOCUMENT # C10415</b> 1. Entity Name <b>ORLANDO COUNCIL NO. 5, ROYAL AND SELECT MASTERS</b>					
Principal Place of Business <b>3813 WYLDEWOOD LANE ORLANDO, FL 32806-7422</b>			Mailing Address <b>3813 WYLDEWOOD LANE ORLANDO, FL 32806-7422</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1809187</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FLETCHER, JOHN B JR 3813 WYLDEWOOD LANE ORLANDO, FL 32806-7422</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DICKENSON, JAMES D</b>		NAME		
STREET ADDRESS	<b>101 SILVER CLUSTER CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LONGWOOD, FL 327504029</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>EISENBERG, HARRY V</b>		NAME	<b>D</b>	
STREET ADDRESS	<b>1506 THE OAKS DRIVE</b>		STREET ADDRESS	<b>1424 SARA L STREET</b>	
CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>		CITY-ST-ZIP	<b>KISSIMMEE, FL 34744-2771</b>	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAIN, REX C</b>		NAME		
STREET ADDRESS	<b>3812 VIRGINIA DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 328033051</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>COLLIER, GEORGE T</b>		NAME	<b>T</b>	
STREET ADDRESS	<b>6618 HORSE SHOE BEND</b>		STREET ADDRESS	<b>664 WREN DR</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32822</b>		CITY-ST-ZIP	<b>CASSELBERRY, FL 32707-4817</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FLETCHER, JOHN B</b>		NAME		
STREET ADDRESS	<b>3813 WYLDEWOOD LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 328067422</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: <u>John B. Fletcher Jr.</u> JOHN B. FLETCHER, JR. 1/23/06 407-851-8456</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					