# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2008 8:00 am**
**Secretary of State**
01-16-2008 90023 033 ****61.25

DOCUMENT # C10415

1. Entity Name
ORLANDO COUNCIL NO. 5, ROYAL AND SELECT MASTERS

| Principal Place of Business | Mailing Address |
|---|---|
| 3813 WYLDEWOOD LANE<br>ORLANDO, FL 32806-7422 | 3813 WYLDEWOOD LANE<br>ORLANDO, FL 32806-7422 |

01092008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1809187 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FLETCHER, JOHN B JR<br>3813 WYLDEWOOD LANE<br>ORLANDO, FL 32806-7422 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CAMERON, LOVETT W<br>7827 BARBERRY DR<br>ORLANDO, FL 32835 | ☒ Delete | D<br>TISH, SAMUEL A.<br>2107 KEWANNEE TRAIL<br>CASSELBERRY, FL 32707-5616 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>CAIN, REX C<br>3812 VIRGINIA DR<br>ORLANDO, FL 328033051 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WARREN, CHARLES W<br>664 WREN DR<br>CASSELBERRY, FL 327074817 | ☒ Delete | T<br>COLLIER, GEORGE T.<br>6618 HORSE SHOE BEND<br>ORLANDO, FL 32822-3677 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLETCHER, JOHN B<br>3813 WYLDEWOOD LN<br>ORLANDO, FL 328067422 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OVERBEE, RICHARD A JR<br>1675 KIMMIE KAY ST<br>GENEVA, FL 32732 | ☒ Delete | D<br>PARKS, WAYNE E.<br>1200 WATERFORD DR.<br>LEESBURG, FL 34748-6757 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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.

**SIGNATURE:** John B. Fletcher Jr. JOHN B. FLETCHER, JR. 1/10/2008 407-851-8456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #