

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90048 020 ****61.25

DOCUMENT # C10417

1. Entity Name

UNION COUNCIL NO. 7, ROYAL AND SELECT MASTERS



Principal Place of Business

189 W. AIRPORT BLVD
PENSACOLA FL 32505

Mailing Address

189 W. AIRPORT BLVD
PENSACOLA FL 32505
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
23-7583207

Applied For
Not Applicable

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

1st MOORE CR2E037 (10/05)



6. Name and Address of Current Registered Agent

CALDWELL, DREXEL P
2110 W CYPRESS ST
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name
GILMAN, RICHARD A
Street Address (P.O. Box Number is Not Acceptable)
4168 AQUA VISTA DRIVE
City
PENSACOLA FL Zip Code
32504

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 Richard A. Gilman

Richard A. Gilman

5-09-2006

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE S
NAME GILMAN, RICHARD A ☐ Delete
STREET ADDRESS 4168 AQUA VISTA DR
CITY-ST-ZIP PENSACOLA FL 32504

TITLE D
NAME LAROSE, ARTHUR J ☒ Delete
STREET ADDRESS 2646 SHERRILANE DR
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D
NAME JACOBS, WILLIAM R ☒ Delete
STREET ADDRESS 4057 SHERIDAN DRIVE
CITY-ST-ZIP PACE FL 32571

TITLE D
NAME LECROY, CHARLES T ☐ Delete
STREET ADDRESS 2985 BENT OAK RD.
CITY-ST-ZIP PENSACOLA FL 32526

TITLE T
NAME PEREZ, CHARLES ☐ Delete
STREET ADDRESS 7649 NORTH POINTE DR
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WALKER, DAVID A JR ☐ Change ☒ Addition
STREET ADDRESS 1600 GOVERNORS DR # 1313
CITY-ST-ZIP PENSACOLA FL 32504

TITLE D
NAME CROOKE, JACK O ☐ Change ☒ Addition
STREET ADDRESS P O BOX 34278
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☒ Change ☐ Addition
NAME LECROY, CHARLES T
STREET ADDRESS 783 BISON ROAD
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: C. THOMAS LECROY

C. Thomas Lecroy

5-10-2006

850-969-9016