

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90040 032 ****61.25

DOCUMENT # C10417

1. Entity Name

UNION COUNCIL NO. 7, ROYAL AND SELECT MASTERS



Principal Place of Business

Mailing Address

189 W. AIRPORT BLVD
PENSACOLA FL 32505

189 W. AIRPORT BLVD
PENSACOLA FL 32505
US



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

23-7583207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILMAN, RICHARD A.
4168 AQUA VISTA DRIVE
PENSACOLA FL 32504

Name

JACOBS, WILLIAM R.

Street Address (P.O. Box Number is Not Acceptable)

4057 SHERIDAN DR.

City

PACE

FL

Zip Code
32571

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 William R. Jacobs, Secretary/Recorder

February 7th, 2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE S ☐ Change ☒ Addition
NAME JACOBS, WILLIAM R.
STREET ADDRESS 4057 Sheridan DR.
CITY-ST-ZIP PACE, FL 32571

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

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

TITLE D ☐ Delete
NAME CROOKE, JACK O
STREET ADDRESS PO BOX 34278
CITY-ST-ZIP PENSACOLA FL 32507

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

TITLE D ☒ Delete
NAME LECROY, CHARLES T
STREET ADDRESS 783 BISON RD
CITY-ST-ZIP PENSACOLA FL 32514

TITLE D ☐ Change ☒ Addition
NAME KIRTLEY, CARL G.
STREET ADDRESS 9807 LOQUAT DR.
CITY-ST-ZIP PENSACOLA, FL 32506

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

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

TITLE ☐ Delete
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: William R. Jacobs

02/07/07

850-969-9016