


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (FAR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90028 012 \*\*\*\*61.25

<b>DOCUMENT # C10418</b> 1. Entity Name <b>BRADENTOWN COUNCIL NO. 9, ROYAL AND SELECT MASTERS</b>	
---	---

Principal Place of Business <b>520 30TH AVE WEST BRADENTON FL 34205-8019</b>	Mailing Address <b>164 NIGHTINGALE CIR. ELLENTON FL 34222-4254</b>
---	---



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>5711 7TH AV NW</b> Suite, Apt. #, etc. City & State <b>BRADENTON</b> Zip <b>34209</b> Country <b>US</b>
--	---

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent <b>LEVAN, CHARLES M 164 NIGHTINGALE CIRCLE ELLENTON FL 34222-4254</b>	7. Name and Address of New Registered Agent Name <b>DERRYL T. EDWARDS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5711 7TH AV NW</b> City <b>BRADENTON</b> FL Zip Code <b>34209</b>
--	--

4. FEI Number <b>59-2893473</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 *Derryl T. Edwards* **DERRYL T. EDWARDS** 2/14/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALE, DANIEL E 601 14TH AVENUE W PALMETTO FL 34221-4522 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, ELWOOD H 3113 HIGHLAND AVENUE WEST BRADENTON FL 34205-2919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONNETT, CALVIN A P.O. BOX 10192 BRADENTON FL 34282-0192 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVAN, CHARLES M 164 NIGHTINGALE CIRCLE ELLENTON FL 34222-4254 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUELL, FRANK B 7207 LAKE SHORE DR. ELLENTON FL 34222-3728 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. DERRYL T. EDWARDS 5711 7TH AV NW BRADENTON FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Derryl T. Edwards* **DERRYL T. EDWARDS** 2/14/06 **941792 2363**