


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90095 047 ****61.25

DOCUMENT # C10419 1. Entity Name POLK COUNCIL NO. 11, ROYAL AND SELECT MASTERS					
Principal Place of Business 141 SHADOW LANE LAKELAND, FL 33813-3594 US			Mailing Address 141 SHADOW LANE LAKELAND, FL 33813-3594 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03252005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2921866	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YOUNG, DUANE B 141 SHADOW LANE LAKELAND, FL 33813-3594				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 DUANE B, YOUNG S/D				DATE 3/26/05	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, DONALD JR		NAME	ELLIS, DR. JOHN B.	
STREET ADDRESS	3737 US HWY N-LOT B-14		STREET ADDRESS	2328 HOLLINGSWORTH HILL AVE.	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, DR. JOHN B		NAME	PAUGH, JOHN H.	
STREET ADDRESS	2328 HOLLINGSWORTH HILL AVE		STREET ADDRESS	4710 VALLEY HILL COURT	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	LAKELAND, FL 33813-2279	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUGH, JOHN H		NAME	BRIGMAN, ROBERT G.	
STREET ADDRESS	4710 VALLELY-HILL COURT --		STREET ADDRESS	P.-O. BOX 312	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, DUANE B		NAME		
STREET ADDRESS	141 SHADOW LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 338133594		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELPLEY, RUSSELL P		NAME	HUBBARD, ROBERT E.	
STREET ADDRESS	321 LISA STREET		STREET ADDRESS	116 SHELLEY DRIVE SE	
CITY-ST-ZIP	LAKELAND, FL 33815		CITY-ST-ZIP	WINTER HAVEN, FL 33884-2327	
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 exemption stated in Section 119.07(3)(i), 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: <i>Duane B. Young</i> DUANE B, YOUNG			3/26/05 863-646-6695		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		