

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10419

FILED
Mar 26, 2009
Secretary of State

Entity Name: POLK COUNCIL NO. 11, ROYAL AND SELECT MASTERS

Current Principal Place of Business:

1106 EAST MAIN STREET
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

141 SHADOW LANE
LAKELAND, FL 338133594 US

New Mailing Address:

FEI Number: 59-2921866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, DUANE B
141 SHADOW LANE
LAKELAND, FL 338133594 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUBBARD, ROBERT E
Address: 116 SHELLEY DRIVE SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: YOUNG, DUANE B
Address: 141 SHADOW LANE
City-St-Zip: LAKELAND, FL 338133594

Title: VD () Delete
Name: BRIGMAN, ROBERT G
Address: PO BOX 321
City-St-Zip: LAKE ALFRED, FL 33850

Title: TD () Delete
Name: ZIEGLER, FLOYD
Address: 535 W. PLAMEDEN DR
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: BUTLER, DONALD J JR
Address: 3737 US HWY 27 N. LOT 814
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GERDOM, FREDERICK R
Address: 3704 VERNA COURT
City-St-Zip: LAKELAND, FL 33812

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BRIGMAN, ROBERT G
Address: PO BOX 321
City-St-Zip: LAKE ALFRED, FL 33850

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUBBARD, ROBERT E
Address: 116 SHELLEY DRIVE SE
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE B. YOUNG

DS

03/26/2009

Electronic Signature of Signing Officer or Director

Date