


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # C10423 1. Entity Name SANFORD COUNCIL NO. 20, ROYAL AND SELECT MASTERS	
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Principal Place of Business 212 N. PARK AVENUE SANFORD, FL 21771 US	Mailing Address 212 N PARK AVE SANFORD, FL 32771-1267 US
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01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1800306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FREDEY, DANA L
2765 SAWDUST COURT
OVIEDO, FL 32765**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, FREDERIC F JR 702 OAK AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, ROBERT M 370 MCCLAIN LANE GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DAVID 912 N FAIRBAIN DR DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, JAMES A 186 FOREST LANE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FREDEY, DANA L 2765 SAWDUST CT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80069-026 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____