2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # C10424

1. Entity Name

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02-28-2005 90211 048 ****61.25

Feb 28, 2005 8:00 am Secretary of State

FILED

FORT MYERS COUNCIL NO. 25, ROYAL AND SELECT MASTERS									
Principal Place	e of Business	Mailing Address							
41 WILLIS ROAD N FT MYERS FL 33917 US		FT MYERS COUNCIL NO 25 ROYAL AND SELECT MASTERS, P O BOX 6354 FT MYERS FL 33911 US			 	i k aman a k aman a kasa si ba	1 8181 81811 81811 81		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st N	OORE	CR2E037	(10/04)	
City & State		City & State			4. FEI Number	23-758322	2		plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add ee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and Ad	dress of New I	Registered A	gent	
VOLNO W D			-Name				~		
YOUNG, W R 400-C JULIA ST			Street Ad	ddress (F	2.0. Box Number is	Not Acceptabl	e)		
TITUSVILLE FL 32796			City				FL	Zip Code	e
C The shows		#h							
the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	register	ed agent, or both,	n the State of Fi	orida. I am ta	amiliar With,	and accept
SIGNATURE									
Sugarana	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	Registered Agent signatur	re required	when reinstating)	ici rajaleasticisena	DATE	acesta objeto e r	Seliz religioser, i dividistacia
		Printed						uenes a astitu	
Carrier I	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees		ake Check da Depart		
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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: Ling Matter Grant G