


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90017 018 \*\*\*\*61.25

<b>DOCUMENT # C10424</b>	
1. Entity Name	
FORT MYERS COUNCIL NO. 25, ROYAL AND SELECT MASTERS	

Principal Place 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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Country	Zip
Country	Country

4. FEI Number	Applied For
23-7583222	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, VIRGIL P JR 490 GARDEN STE STE A TITUSVILLE FL 32796-2856	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	D
NAME	HORACIA, WILLIAM JR	NAME	Jeffrey T. Powers
STREET ADDRESS	405 CANDLE WICK CIR E	STREET ADDRESS	4229 S.E. 19TH Place
CITY-ST-ZIP	LEHIGH ACRES FL 33936-7743	CITY-ST-ZIP	Cape Coral, Florida 33904-5420
TITLE	S	TITLE	
NAME	WALTMAN, GUY	NAME	
STREET ADDRESS	314 GREENWOOD AVE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33972-5131	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	HOGG, JAMES W	NAME	
STREET ADDRESS	6672 ESTERE BLVD #907	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	PERCIFIELD, GREGORY J	NAME	
STREET ADDRESS	P.O. BOX 04155	STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33918-4155	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	TIMBERLAKE, JERRY W	NAME	
STREET ADDRESS	118 WINDMILL BLVD.	STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903-2177	CITY-ST-ZIP	
TITLE		TITLE	
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 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:** Guy E. Waltman Guy E. Waltman 02/13/2007 (239) 369-7992