

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90027 008 ****61.25

| | | | | | |
|--|-----------------------|--|--|---|--|
| DOCUMENT # C10425 | | | |  | |
| 1. Entity Name PANAMA COUNCIL NO. 26 ROYAL AND SELECT MASTERS | | | | | |
| Principal Place of Business 230 MCKENZIE AVE PANAMA CITY, FL 32401 | | | Mailing Address PO BOX 36042 PANAMA CITY, FL 32412 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 54-2145943 | |
| | | | | Applied For 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 | | |
| FOREMAN, RICHARD E 4316 N. SHORE RD. LYNN HAVEN, FL 32444 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DOGALI, EMIL A | | NAME | RICHARD J. FILIPPI | |
| STREET ADDRESS | 230 MCKENZIE AVE | | STREET ADDRESS | 230 MCKENZIE AVE | |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 | | CITY-ST-ZIP | PANAMA CITY, FL 32401 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRACKEN, KEVIN | | NAME | | |
| STREET ADDRESS | 230 MCKENZIE AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, JOE WAYNE | | NAME | | |
| STREET ADDRESS | 230 MCKENZIE AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENNETT, ADDISON A | | NAME | | |
| STREET ADDRESS | 230 MCKENZIE AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOREMAN, RICHARD E | | NAME | | |
| STREET ADDRESS | 230 MCKENZIE AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 | | CITY-ST-ZIP | | |
| 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 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: <i>Richard E Foreman</i> | | RICHARD E FOREMAN | | 2-11-06 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |
| | | | | 850-832-7760 | |

400100



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