


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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		4. FEI Number 54-2145943																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																																																																																																																											
6. Name and Address of Current Registered Agent FOREMAN, RICHARD E 4316 N. SHORE RD. LYNN HAVEN, FL 32444				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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)</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																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DOGALI, EMIL A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>230 MCKENZIE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32401</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRACKEN, KEVIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>230 MCKENZIE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32401</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALKER, JOE WAYNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>230 MCKENZIE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32401</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BENNETT, ADDISON A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>230 MCKENZIE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32401</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FOREMAN, RICHARD E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>230 MCKENZIE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32401</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RICHARD J. FILIPPI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>230 MCKENZIE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32401</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	DOGALI, EMIL A		STREET ADDRESS	230 MCKENZIE AVE		CITY-ST-ZIP	PANAMA CITY, FL 32401		TITLE	D	<input type="checkbox"/> Delete	NAME	BRACKEN, KEVIN		STREET ADDRESS	230 MCKENZIE AVE		CITY-ST-ZIP	PANAMA CITY, FL 32401		TITLE	D	<input type="checkbox"/> Delete	NAME	WALKER, JOE WAYNE		STREET ADDRESS	230 MCKENZIE AVE		CITY-ST-ZIP	PANAMA CITY, FL 32401		TITLE	T	<input type="checkbox"/> Delete	NAME	BENNETT, ADDISON A		STREET ADDRESS	230 MCKENZIE AVE		CITY-ST-ZIP	PANAMA CITY, FL 32401		TITLE	S	<input type="checkbox"/> Delete	NAME	FOREMAN, RICHARD E		STREET ADDRESS	230 MCKENZIE AVE		CITY-ST-ZIP	PANAMA CITY, FL 32401		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	RICHARD J. FILIPPI		STREET ADDRESS	230 MCKENZIE AVE		CITY-ST-ZIP	PANAMA CITY, FL 32401		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Richard E Foreman</i> RICHARD E FOREMAN 2-11-06 850-832-7760 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													