

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # C10426

1. Entity Name
GULF COUNCIL NO. 29, ROYAL AND SELECT MASTERS



Principal Place of Business
**133 BROOKS STREET
FORT WALTON BEACH, FL 32548**

Mailing Address
**195 DELUDA ROAD SW
FT. WALTON BEACH, FL 32548 US**



01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1889202

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, WILLIAM A S
195 DELUNA ROAD
FT WALTON BEACH, FL 32548**

**DO NOT WRITE
IN THIS SPACE**

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. ☐

**\$5.00 May Be
Added to Fees**

000000785033
01/16/08-80077-026 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WATERS, CARL E P
STREET ADDRESS	1033 BLVD PARISIENCE
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	D
NAME	LEWIS, JOHN M
STREET ADDRESS	511 WEXFORD DRIVE
CITY-ST-ZIP	NICEVILLE, FL 32579
TITLE	D
NAME	LILLIE, CHARLES R
STREET ADDRESS	212 HOLMES BLVD
CITY-ST-ZIP	FT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

William A Howard
1/09/2008 850 243 6252

Date

Daytime Phone #