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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10439 (3)

1. Corporation Name

ST. JOHNS COUNCIL NO. 37, ROYAL AND SELECT MASTE
RS

Principal Place of Business

Mailing Address

2111 N. SPRING GARDEN AVE
DELAND FL 32720% F.R. YOUNG
623 CHERRY TREE LANE
DE LAND FL 32724-75043. Date Incorporated or Qualified
06/15/19533a. Date of Last Report
02/12/1996

2. Principal Place of Business

21 2557 Spring Garden Ave.

2a. Mailing Address

26 c/o B. G. Cole

4. FEI Number

59-3034094

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

23 DeLand, FL 32720

28 DeLand, FL 32720

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 32720

25

29 32720

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, FREDERICK R
623 CHERRY TREE LANE
DELAND FL 32724

81 Name

COLE, BERNARD G.

82 Street Address (P.O. Box Number is Not Acceptable)

643 North Stone Street

83

84 City

DeLand

FL

85 Zip Code
32720

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Bernard G. Cole, Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CANFIELD, HESTEL O.	
STREET ADDRESS	765 N BOUNDARY AVENUE	
CITY-ST-ZIP	DELAND FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN NESS, PETE	
STREET ADDRESS	229 S BLUE LAKE AVENUE	
CITY-ST-ZIP	DELAND FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUETZ, FREDERICK W.	
STREET ADDRESS	1418 DOUGLAS AVENUE	
CITY-ST-ZIP	DELAND FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MULLER, JOHN W	
STREET ADDRESS	708C E MINNESOTA AVE	
CITY-ST-ZIP	DELAND FL 32724	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, FREDERICK R.	
STREET ADDRESS	623 CHERRY TREE LANE	
CITY-ST-ZIP	DELAND FL 32724-7504	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRITCH, RONALD J.	
1.3 STREET ADDRESS	1420 E. Euclid	
1.4 CITY-ST-ZIP	DeLand, FL 32724	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	COLE, BERNARD G.	
5.3 STREET ADDRESS	643 N. Stone Street	
5.4 CITY-ST-ZIP	DeLand, FL., 32720	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013533

CR2E037 (9/96)