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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10439** (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**2557 SPRING GARDEN AVE.
DELAND FL 32720
US**

**643 N. STONE ST.
623 CHEERY TREE LANE
DE LAND FL 32720
US**



3. Date Incorporated or Qualified

06/15/1953

4. FEI Number

59-3034094

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 *Ronald J. Fritch, Secy*

Suite, Apt. #, etc.

27 *P.O. Box 3127*

City & State

28 *DeLand, FL*

Zip

29 *32723-3127*

Country

30 *US*

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COLE, BERNARD G.
643 NORTH STONE STREET
DELAND FL 32720**

10. Name and Address of New Registered Agent

81 Name *Ronald J. Fritch, Secy*

82 Street Address (P.O. Box Number is Not Acceptable)
1420 E. Euclid Ave.

83

84 City *DeLand*

FL

85 Zip Code *32724*

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 *Ronald J. Fritch (Ronald J. Fritch)*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Jan 12, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **FRITCH, RONALD J.**
STREET ADDRESS **1420 E. EUCLID**
CITY-ST-ZIP **DELAND FL**

TITLE **D** ☐ DELETE

NAME **VAN NESS, PETE**
STREET ADDRESS **229 S BLUE LAKE AVENUE**
CITY-ST-ZIP **DELAND FL**

TITLE **D** ☐ DELETE

NAME **SCHUETZ, FREDERICK W.**
STREET ADDRESS **1418 DOUGLAS AVENUE**
CITY-ST-ZIP **DELAND FL**

TITLE **T** ☐ DELETE

NAME **MULLER, JOHN W**
STREET ADDRESS **708C E MINNESOTA AVE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **S** ☒ DELETE

NAME **COLE, BERNARD G.**
STREET ADDRESS **643 N. STONE STREET**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME *Walter Brayer*
1.3 STREET ADDRESS *1460 TOLSON Rd*
1.4 CITY-ST-ZIP *DeLand, FL 32720*

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: *Ronald J. Fritch (Ronald J. Fritch)* *1/12/98* *904-738-4323*

CR2E037 (10/97)