### FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # C10439**

1. Corporation Name

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

Principal Place of Business 2557 SPRING GARDEN AVE. DELAND FL 32720 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

C/O RONALD J FRITCH P.O. BOX \$127. DELAND FL 32729-3127-

2a. Mailing Address .

City & State

P. O. Box

27

28

# **FILED** Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90022 002 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

06/15/1953 4. FEI Number

59-3034094

5. Certificate of Status Desired

23		28							Fee Req	uireu .
Zip	Country		Country			<ol><li>Election Camp.</li></ol>	aign Financing	П	\$5.00 N	•
24	25	29 3272/ -/24 30		****		Trust Fund Cor			Added to	Fees
Name and Address of Current Registered Agent					1	0. Name and Ad	dress of New I	Registered A	Agent	
			81	Name						
FRITCH, RONALD J				Street A	ddress	(P.O. Box Numbe	r is Not Accept	able)	*****	
1420 F FUCUD AVE							·	,		
DELAND FL 32724										
0004101			84	City					85 Zip C	ode
								FL	131	
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.										
_	<b>~</b> //	ec. Ronald	11	72:1	//		Jan	13,1	1999	1
SIGNATURE	Signature, typed or printed name of registered agent a		te ed Agen	t signature req	quired who			DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CH	ANGES TO OF	FICERS AN		
TITLE	D	☐ DELETE	1.5 TITLE	}					Change	Addition
NAME	FRITCH, RONALD J.		1.2 NAME							
STREET ADDRESS	1420 E. EUCLID		1.3 STREET	ADDRESS						
CITY-ST-ZIP	DELAND FL		1.4 CITY-\$1	r-zip						
TITLE	D	☐ DELETE	2.1 TITLE						☐ Change	☐ Addition
NAME	VAN NESS, PETE	:	2.2 NAME						·	}
STREET ADDRESS	229 S BLUE LAKE AVENUE		2.3 STREET	ADDRESS						
CITY-ST-ZIP	DELAND FL	· ·	2. 4 CITY-S	T-ZIP						
TITLE	D	☐ DELETE	3.1 TITLE						☐ Change	☐ Addition
NAME	SCHUETZ, FREDERICK W.		3.2 NAME							
STREET ADDRESS	ALLA BALIAL AN ALEME		3.3 STREET	ADDRESS						
CITY-ST-ZIP	DELAND FL	:	3.4. CITY-S	T-ZIP					*****	
TITLE	T	☐ DELETE	4.1 TITLE						Change	☐ Addition
NAME	MULLER, JOHN W		4. 2 NAME							
STREET ADDRESS	708C E MINNESOTA AVE		4.3 STREET	ADDRESS						}
CITY-ST-ZIP	DELAND FL 32724		4.4 CITY-ST	r-ZIP						
TITLE	D	☐ DELETE	5,1 TITLE					•	☐ Change	Addition
NAME	BREYER, WALTER		5.2 NAME			<b>S</b>				1
STREET ADDRESS	1460 TOLSON RD		5.3 STREET	ADDRESS						
CITY-ST-ZIP	DELAND FL 32720		5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE						Change	Addition
NAME	,		6.2 NAME							
STREET ADDRESS	•		6.3 STREET	ADDRESS						
CITY-ST-7IP			6.4 CITY-S							
14. I hereby	certify that the information supplied with	this filing does not qualify for the	exempti	on stated	in Sec	tion 119.07(3)(i), F	lorida Statutes.	I further cert	ify that the in	formation

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under dain; that I am all 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, with all other like empowered.

Applied For

\$8.75 Additional

Fee Required

Not Applicable