2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2002 8:00 am **DOCUMENT # C10439** Secretary of State 1. Entity Name ST. JOHNS COUNCIL NO. 37, ROYAL AND SELECT MASTE 02-21-2002 90154 011 ****61.25 Principal Place of Business Mailing Address 2557 SPRING GARDEN AVE. PO BOX 681 DELAND FL 32720 DELAND FL 32721-0681 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FEI Number 59-3034094 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FRITCH, RONALD J 1420 E EUCLID AVE DELAND FL 32724 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS/\$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. William Schuck 126 N. Florida Ave TITLE TITLE D Secy Delete FRITCH, RÓNALD J. NAME NAME STREET ADDRESS STREET ADDRESS 1420 E. EUCLID DeLand, FL 32720 CITY-ST-ZIP CITY-ST-ZIP <u>DELAND FL</u> TITLE Delete TITLE John Combs 24016 Bob Cat Rd NAME NAME VAN NESS, PETE STREET ADDRESS STREET ADDRESS 229 S BLUE LAKE AVENUE Astor, FL 32102-2616 CITY-ST-ZIP CITY-ST-ZIP DELAND FL Change ☐ Addition ☐ Delete TITI F TITLE NAME SCHUETZ, FREDERICK W. NAME STREET ADDRESS STREET ADDRESS 1418 DOUGLAS AVENUE CITY-ST-ZIP CITY-ST-ZIP <u>Deland fl</u> ☐ Change ■ Addition ☐ Delete TITLE TITLE MULLER, JOHN W NAME NAME STREET ADDRESS STREET ADDRESS 708C E MINNESOTA AVE CITY-ST-7IP CITY-ST-ZIP Deland FL 32724 □ Change ☐ Addition ☐ Delete TITLE NAME NAME BREYER, WALTER STREET ADDRESS STREET ADDRESS 1460 TOLSON RD CITY-ST-7IP CITY-ST-ZIP DELAND FL 32720 ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

1/15/02 386-738-4323 Date Daylime Phone # SIGNATURE AND TYPED OA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: