


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # C10439</b>	
1. Entity Name <b>ST. JOHNS COUNCIL NO. 37, ROYAL AND SELECT MASTERS</b>	

Principal Place of Business <b>2557 SPRING GARDEN AVE. DELAND, FL 32720 US</b>	Mailing Address <b>PO BOX 681 DELAND, FL 32721-0681 US</b>
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**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3034094</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>FRITCH, RONALD J 736 RICH AVE DELAND, FL 32720</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRITCH, RONALD J. 736 W. RICH AVE. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, JOHN 24016 BOBCAT ROAD ASTOR, FL 321022816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUETZ, FREDERICK W. 1418 DOUGLAS AVENUE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULLER, JOHN W 708C E MINNESOTA AVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREYER, WALTER 1460 TOLSON RD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUCK, WILLIAM 726 N FLORIDA AVENUE DELAND, FL 32720

**DO NOT WRITE  
IN THIS SPACE**

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03/21/05-80031-018 61.25

12. 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 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:** Ronald J Fritch 3/16/05 386-738-4323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #