


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90109 039 \*\*\*\*61.25

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

Principal Place of Business 2557 SPRING GARDEN AVE. DELAND, FL 32720 US	Mailing Address <del>PO BOX 681</del> DELAND, FL 32721-0681 US
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50002680



2. Principal Place of Business		3. Mailing Address 736 W Rich Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DeLand FL	
Zip	Country	Zip	Country
32720	USA		

02142006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3034094		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FRITCH, RONALD J 736 RICH AVE DELAND, FL 32720		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL Zip Code

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: Ronald J Fritch, Secy DATE: 3/13/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITCH, RONALD J.	NAME	
STREET ADDRESS	736 W. RICH AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32720	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS, JOHN	NAME	
STREET ADDRESS	24016 BOBCAT ROAD	STREET ADDRESS	
CITY-ST-ZIP	ASTOR, FL 321022616	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUETZ, FREDERICK W.	NAME	
STREET ADDRESS	1418 DOUGLAS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete <i>Deceased</i>	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLER, JOHN W	NAME	John Cox
STREET ADDRESS	708C E MINNESOTA AVE	STREET ADDRESS	970 Bramble Bush Cir
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP	Port Orange, FL 32127
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREYER, WALTER	NAME	
STREET ADDRESS	1460 TOLSON RD	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32720	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUCK, WILLIAM	NAME	
STREET ADDRESS	726 N FLORIDA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32720	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 DATE: 3/13/06 DAYTIME PHONE #: 386-738-4323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR