2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Feb 12, 2003 8:00 am Secretary of State **DOCUMENT # C10439** 1. Entity Name 02-12-2003 90080 037 ****62.25 ST. JOHNS COUNCIL NO. 37. ROYAL AND SELECT MASTE Principal Place of Business Mailing Address 2557 SPRING GARDEN AVE. PO BOX 681 90024264 DELAND FL 32720 DELAND FL 32721-0681 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3034094 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRITCH, RONALD J 736 W. Rich Am Street Address (P.O. Box Number is Not Acceptable) 1420 E EUCLID AVE DELAND FL 3272A Rhand, FL 32720 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 egistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRITCH, RONALD J. NAME NAME STREET ADDRESS 1420 E. EUCLID STREET ADDRESS CITY-ST-ZIP DELAND FL CITY-ST-ZIP D ☐ Delete TITLE ☐ Addition ☐ Change COMBS, JOHN NAME NAME STREET ADDRESS 24016 BOBCAT ROAD STREET ADDRESS CITY-ST-ZIP ASTOR FL 32102-2616 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME SCHUETZ, FREDERICK W. NAME STREET ADDRESS 1418 DOUGLAS AVENUE STREET ADDRESS CITY-ST-ZIP DELAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MULLER, JOHN W NAME NAME STREET ADDRESS 708C E MINNESOTA AVE STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BREYER, WALTER NAME NAME STREET ADDRESS 1460 TOLSON RD STREET ADDRESS CITY-ST-7IP DELAND FL 32720 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change

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,

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SCHUCK, WILLIAM

DELAND FL 32720

726 N FLORIDA AVENUE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED