## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

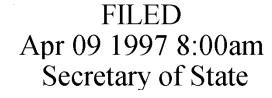
1997 OCUMENT # C10

C10454

(2)

DADE CITY COUNCIL NO. 40, ROYAL AND SELECT MASTE

াnolpal Place of Business	Mailing Address
Incipal Place of Business  AL 21ST ST - CITY FL 33525	P O BOX 2185 BUSHNELL FL 33513-2185 US



									3. Date Incorporated or Qualified 06/15/1992	3a. Da	te of Last 05/01/19	Report 996	
Principal F	Place of Busin	ness	2a.	. Mailing Address		<del></del>			4. FEI Number 59-2627504	ــــــ	h4-	Applied For	
Sulte, Apt. #, etc.			27	Sulte, Apt. #, etc.					Certificate of Status Desired	SR 75 Additional			
City & State				City & State					6. Election Campaign Financing \$5.00 May Be				
23 Zip	<del></del>	Country	28	<del></del>					Trust Fund Contribution			to Fees	_
24		25 Country	201	Zip	30	untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					-
24   25   29   30						Florida Statutes Yes No  10. Name and Address of New Registered Agent							
		<del></del>				B1	Name				180.11		-1
SCHAR	SCHARCH, CHARLES B						0	Addition (DO Do Allerton L November 1997)					
	P O BOX 2185						Street Address (P.O. Box Number is Not Acceptable)						
CR 674						83							٦
BUSHNE	ELL FL 335	13				84	City				or Zin	Code	$\dashv$
dg.rs.						1 1	•			FL	1 .		1
11. Pursuent office or	to the provis	ions of Sections 617,0502	and 6	17.1508, Florida Statut	es, the a	bove	-named	corpoi	ration submits this statement for the pr on's board of directors. I hereby accep	urpose of	changing	its registered	П
agent. I e	m familiar w	th, and accept the obligati	ons o	f, Section 617.0503, Flo	orida Sta	tutes	ino corp	Mallo	on a board of directors, I flereby accept	r ine appi	Jii idingi it &	s registered	1
SIGNATURE							~						
12.	Signature, typed	or printed name of registered agent OFFICERS AND			E: Rogistore 13,	d Ager	nt signature	required	when reinstating)	DATE	DIDECTO	DC IN 45	ي إ
inc	0	OF TOERS AND	DINE	DELETE		13, 1.1 1/LE			ADDITIONS/CHANGES TO OFFIC	EHS AND	Change	Addition	<b>⊣</b> ફ
NAME	KING, LO	JI NE			1.2 N		1	 			L Ollange	LJ ROUIIUII	, 15
STREET ADDRESS			1	1.3 STREET ADDRESS							3		
CITY-ST-ZIP	TRILBY	PI 00700			1.4 City-ST-ZIP		ı					Š	
TITLE	D	<del></del>		DELETE	2.1 TITLE						Change	Addition	ᅰ
NAME	DIECKO	Ber, Steve			22 N	AME	[				•		
STREET ADDRESS	I salar a salar a salar		2.3 \$1	2.3 STREET ADDRESS							1		
CITY-ST-ZIP	DADE C	DADE CITY FL 33525			2,40	ary-s	T-ZIP		•				1
TITLE	D			☐ DELETE	3.1 TI	TLE					Change	Addition	٦,
NAME	BATES,				3.2 N	AME	}						1
STREET ADDRESS		QUIREL PRAIRIE RD.			3.3 \$1	TREET A	ADDRESS						1
CITY-ST-ZIP		SVILLE FL 34610		T DELETE		11Y-S1	r-ZiP			·			_
TITLE	D ecunion	NA EDEN A		☐ DELETE	4.1 Ti		1				Change	☐ Addition	
NAME		NG, FRED C.			4.2 N								1
STREET ADDRESS		UKE LANE HILLS FL 33541			•		ADDRESS						1
CITY-ST-ZIP TITLE	S/R	TILLO FL 00041		DELETE	5.1 TI	TY-ST	-ZIP				Change	Addition	4
NAME		H, CHARLES B		C PECCE			ļ					MODITION	
STREET ADDRESS	PORO	( 2185 CR 674 #8055			5.2 NAMI		ADDRESS						
CITY-ST-ZIP		LL FL 33513				TY-ST							1
TITLE				DELETE	6.1 TI						Change	Addition	$\forall$
NAME					6.2 N/		j			,			
STREET ADDRESS							ADDRESS						1
CITY-ST-ZIP					6.4 CI	TY-ST	-ZIP						
14. I do herel	by certify that	the information supplied v	vith th	is filing does not qualif	y for the	exen	nption st	ated in	n Section 119.07(3)(i), Florida Statutes	I further	certify that	t the	7