


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90010 008 ****61.25

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DOCUMENT # C10454			
1. Entity Name DADE CITY COUNCIL NO. 40, ROYAL AND SELECT MASTERS			
Principal Place of Business 13642 21ST ST DADE CITY, FL 33525 US		Mailing Address 12301 SCOTT DRIVE DADE CITY, FL 33525 US	
2. Principal Place of Business 13642 21st Street		3. Mailing Address P.O. Box 134	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dade City, FL		City & State Dade City, FL	
Zip 33525		Zip 33526	
Country US		Country US	
4. FEI Number 59-2627504		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent BATES, JR., JOHN C 21950 SQUIREL PRAIRIE RD SPRINGHILL, FL 34610		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL Zip Code	
9. 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 John C Bates Jr		DATE 3/3/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent if signature required when registering)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	IM <input checked="" type="checkbox"/> Delete	TITLE	IM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	COLLINS, THOMAS	NAME	Robinson, George
STREET ADDRESS	859 MOONLIGHT LN	STREET ADDRESS	11518 Tusanny Ave
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	Spring Hill, FL 34608
TITLE	DM <input checked="" type="checkbox"/> Delete	TITLE	DM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	ROBINSON, GEORGE	NAME	Burnsed, James
STREET ADDRESS	11518 TUSANNY AVE	STREET ADDRESS	38020 Coleman Ave
CITY-ST-ZIP	SPRING HILL, FL 34608	CITY-ST-ZIP	Dade City, FL 33531
TITLE	PCW <input checked="" type="checkbox"/> Delete	TITLE	PCW <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	BURNSSED, JAMES	NAME	Thompson, David
STREET ADDRESS	38020 COLEMAN AVE	STREET ADDRESS	8653 CR 629A
CITY-ST-ZIP	DADE CITY, FL 33531	CITY-ST-ZIP	Bushnell, FL 33513
TITLE	T <input type="checkbox"/> Delete	TITLE	
NAME	KING, LOUIE	NAME	
STREET ADDRESS	P.O. BOX 8	STREET ADDRESS	
CITY-ST-ZIP	TRILBY, FL 33593	CITY-ST-ZIP	
TITLE	R <input type="checkbox"/> Delete	TITLE	
NAME	BATES, JOHN	NAME	
STREET ADDRESS	21950 SQUIRELL PRAIRIE RD	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 34610	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: John C Bates Jr		Date 3/3/04	
Signature and typed or printed name of signing officer or director		Date Daytime Phone # 352 7965041	