

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


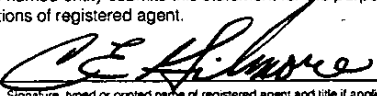
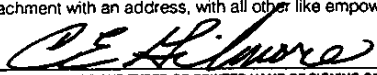
FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90183 031 ****61.25

00000120



04062005 Chg-NP CR2E037 (10/03)

DOCUMENT # C10454			
1. Entity Name DADE CITY COUNCIL NO. 40, ROYAL AND SELECT MASTERS			
Principal Place of Business 13642 21ST STREET DADE CITY, FL 33525 US		Mailing Address PO BOX 134 DADE CITY, FL 33526 US	
2. Principal Place of Business		3. Mailing Address 1920 Libby Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Holiday, FL	
Zip	Country	Zip	Country
		34690	USA
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	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BATES, JR., JOHN C 21950 SQUIREL PRAIRIE RD SPRINGHILL, FL 34610		Name Carl E. Gilmore Street Address (P.O. Box Number is Not Acceptable) 1920 Libby Ct. City Holiday FL Zip Code 34690	
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  Carl E. Gilmore 4/6/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	IM ROBINSON, GEORGE 11518 TUSCANY AVE SPRING HILL, FL 34608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IM James Burnsed 38020 Coleman Ave Dade City, FL 33531 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM BURNSED, JAMES 38020 COLEMAN AVE DADE CITY, FL 33531 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM Miguel Araya 14930 15th St, Apt 2 Dade City, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCW THOMPSON, DAVID 8653 CR 624A BUSHNELL, FL 33513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, LOUIE P.O. BOX 8 TRILBY, FL 33593 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R BATES, JOHN 21950 SQUIRRELL PRAIRIE RD BROOKSVILLE, FL 34610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Carl E. Gilmore 1920 Libby Ct. Holiday, FL 34690 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Carl E. Gilmore 4/6/05 727 938-3375 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			