


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| <b>DOCUMENT # C10454</b><br>1. Entity Name<br>DADE CITY COUNCIL NO. 40, ROYAL AND SELECT MASTERS  |   |  |
| Principal Place of Business<br>13642 21ST STREET<br>DADE CITY, FL 33525 US  | Mailing Address<br>1920 LIBBY CT<br>HOLIDAY, FL 34690 US  |   |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |   |
| 6. Name and Address of Current Registered Agent<br><br>GILMORE, CARL E<br>1920 LIBBY CT<br>HOLIDAY, FL 34690  |   |   |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |   |
| 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 _____<br><small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   |
| TITLE   | IM  |   |
| NAME  | BURNS, JAMES  |   |
| STREET ADDRESS  | 38020 COLEMAN AVE   |   |
| CITY - ST - ZIP   | DADE CITY, FL 33531   |   |
| TITLE   | DM  |   |
| NAME  | ARRAYA, MIGUEL  |   |
| STREET ADDRESS  | 14230 15TH ST APT 2   |   |
| CITY - ST - ZIP   | DADE CITY, FL 33523   |   |
| TITLE   | PCW   |   |
| NAME  | THOMPSON, DAVID   |   |
| STREET ADDRESS  | 8653 CR 624A  |   |
| CITY - ST - ZIP   | BUSHNELL, FL 33513  |   |
| TITLE   | T   |   |
| NAME  | KING, LOUIE   |   |
| STREET ADDRESS  | P.O. BOX 8  |   |
| CITY - ST - ZIP   | TRILBY, FL 33593  |   |
| TITLE   | R   |   |
| NAME  | GILMORE, CARL E   |   |
| STREET ADDRESS  | 1920 LIBBY CT   |   |
| CITY - ST - ZIP   | HOLIDAY, FL 34690   |   |
| TITLE   |   |   |
| NAME  |   |   |
| STREET ADDRESS  |   |   |
| 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 files empowered. |   |   |
| <b>SIGNATURE:</b> <u>CE Gilmore</u> <u>Carl E. Gilmore</u> <u>1/5/06</u> <u>938-3375</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |



01042006 No Chg-NP CR2E037 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2627504</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

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01/11/06-00013-014 61.25

**DO NOT WRITE  
IN THIS SPACE**