

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90071 027 ****61.25

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 1920 LIBBY CT HOLIDAY, FL 34690 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
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 GILMORE, CARL E 1920 LIBBY CT HOLIDAY, FL 34690			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 BURNSED, JAMES 38020 COLEMAN AVE DADE CITY, FL 33531	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IM Araya, Miguel 14430 Lawrence St. Dade City, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM ARRAYA, MIGUEL 14230 15TH ST APT 2 DADE CITY, FL 33523	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM Thompson David 8653 CR 624A BUSHNELL, FL 33513
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	PCW Collins Tom 850 Moonlight Lane Brooksville, FL 34601
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R GILMORE, CARL E 1920 LIBBY CT HOLIDAY, FL 34690	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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 like empowered.					
SIGNATURE: <u>Carl E. Gilmore</u> <i>Carl E. Gilmore</i> , 1/3/07 727-937-2649					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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