

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90045 008 ****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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2627504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILMORE, CARL E
1920 LIBBY CT
HOLIDAY, FL 34690

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	IM	<input type="checkbox"/> Delete
NAME	ANAYA, MIGUEL	
STREET ADDRESS	14430 LAWRENCE ST.	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	DM	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, DAVID	
STREET ADDRESS	8653 CR 624 A	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE	PCW	<input type="checkbox"/> Delete
NAME	COLLINS, TOM	
STREET ADDRESS	850 MOONLIGHT LANE	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	T	<input type="checkbox"/> Delete
NAME	KING, LOUIE	
STREET ADDRESS	P.O. BOX 8	
CITY-ST-ZIP	TRILBY, FL 33593	
TITLE	R	<input type="checkbox"/> Delete
NAME	GILMORE, CARL E	
STREET ADDRESS	1920 LIBBY CT	
CITY-ST-ZIP	HOLIDAY, FL 34690	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burnsed, James	
STREET ADDRESS	39020 Coleman Ave	
CITY-ST-ZIP	Dade City, FL 33531	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Carl E. Gilmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08 727 937 2679
Date Daytime Phone #