

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10454

FILED
May 02, 2009
Secretary of State

Entity Name: DADE CITY COUNCIL NO. 40, ROYAL AND SELECT MASTERS

Current Principal Place of Business:

13642 21ST STREET
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

1920 LIBBY CT
HOLIDAY, FL 34690 US

New Mailing Address:

1907 CARDAMON DR
TRINITY, FL 34655 US

FEI Number: 59-2627504 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GILMORE, CARL E
1920 LIBBY CT
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

GILMORE, CARL E
1907 CARDAMON DR
TRINITY, FL 34655 US

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.

SIGNATURE:

05/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: IM () Delete
Name: ANAYA, MIGUEL
Address: 14430 LAWRENCE ST.
City-St-Zip: DADE CITY, FL 33523

Title: DM () Delete
Name: BURNSED, JAMES
Address: 38020 COLEMAN AVE
City-St-Zip: DADE CITY, FL 33531

Title: PCW () Delete
Name: COLLINS, TOM
Address: 850 MOONLIGHT LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: T () Delete
Name: KING, LOUIE
Address: P.O. BOX 8
City-St-Zip: TRILBY, FL 33593

Title: R () Delete
Name: GILMORE, CARL E
Address: 1920 LIBBY CT
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: IM (X) Change () Addition
Name: GILMORE, CARL
Address: 1907 CARDAMON DR
City-St-Zip: TRINITY, FL 34655

Title: DM (X) Change () Addition
Name: COLLINS, TOM
Address: 850 MOONLIGHT LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: PCW (X) Change () Addition
Name: AUSTIN, JAMES
Address: 3452 TROY DR
City-St-Zip: ZEPHYRHILLS, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: R (X) Change () Addition
Name: BURNSED, JAMES
Address: 38020 COLEMAN AVE
City-St-Zip: DADE CITY, FL 33531

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL GILMORE

IM

05/02/2009

Electronic Signature of Signing Officer or Director

Date