## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# C93000000003

FILED Feb 11, 2008 Secretary of State

Entity Name: TYLER COUNCIL NO. 4 ROYAL AND SELECT MASTERS

| Current Principal Place of Business:  |  |                     | New Princ                                    | New Principal Place of Business:  |  |
|---|--|---------------------|--|---|--|
| 304 ACACI   | WRIGHT MAS<br>IA STREET<br>IY, FL 33566                      | ONIC TEMPLE         |  |   |  |
| Current Mailing Address:  |  |                     | New Maili                                    | New Mailing Address:  |  |
| 533 SCHUETTE RD.<br>PLANT CITY, FL 33567  |  |                     |  |   |  |
| FEI Number: 59-1811798 FEI Number Applied For() FE  |  | FEI Number Not Appl | icable ( ) Certificate of Status Desired ( ) |   |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:   |  |                     |  |   |  |
| GILLESPIE, LARRY R<br>533 SCHUETTE RD.<br>PLANT CITY, FL 33567 US   |  |                     |  |   |  |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida. |  |                     |  |   |  |
| SIGNATURE:  |  |                     |  |   |  |
| Electronic Signature of Registered Agent  |  |                     | t  | Date  |  |
| OFFICERS AND DIRECTORS:   |  |                     | ADDITION                                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  |  |
| Fitle:<br>Name:<br>Address:<br>City-St-Zip:   | D () I<br>STEELE, THOMA<br>1107 PINEDALE<br>PLANT CITY, FL   | DR                  | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition   |  |
| Fitle:<br>Name:<br>Address:<br>City-St-Zip:   | S () I<br>GILLISPIE, LARI<br>533 SCHETTE R<br>PLANT CITY, FL | D                   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | S (X) Change ( ) Addition<br>GILLESPIE, LARRY R<br>533 SCHETTE RD<br>PLANT CITY, FL 335671783 |  |
| Fitle:<br>Name:<br>Address:<br>City-St-Zip:   | T () I<br>MASON, DAVID<br>519 AVOCADO O<br>BRANDON, FL 3     | CIR.                | Title:<br>Name:<br>Address:<br>City-St-Zip:  | () Change () Addition   |  |
| Fitle:<br>Name:<br>Address:<br>City-St-Zip:   | D () I<br>BEVLIN, THURM<br>14021 BEVLIN A<br>DOVER, FL 335   | CRES LANE           | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition   |  |
| Fitle:<br>Name:<br>Address:<br>Dity-St-Zip:   | D () I<br>FORD, JIM<br>2206 PARKWOO<br>VALRICO, FL 33        |                     | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition   |  |
|   |  |                     |  |   |  |

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: LARRY GILLESPIE S 02/11/2008