

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C93000000019

FILED  
Mar 08, 2009  
Secretary of State

**Entity Name:** LAUDERDALE COUNCIL NO. 24, ROYAL AND SELECT MASTERS

**Current Principal Place of Business:**

J. DEWEY HAWKINS LODGE  
555 N.E. 42 CT.  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

% MR. WILLIAM D. SPIKER  
1546 N.E. 17TH WAY  
FT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPIKER, WILLIAM D  
1546 N.E. 17TH WAY  
FORT LAUDERDALE, FL 333041335 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KING, SYDNEY  
Address: 2111 NW 76TH AVE  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: MEYER, EMIL  
Address: 6300 N.E. 20TH ST.  
City-St-Zip: MARGATE, FL 330632315

Title: D ( ) Delete  
Name: FREELAND, ANTHONY  
Address: 2175 NW 2ND CT  
City-St-Zip: HOLLYWOOD, FL 33029

Title: S ( ) Delete  
Name: SPIKER, WILLIAM D  
Address: 1546 N.E. 17TH WAY  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T ( ) Delete  
Name: BINDER, MICHAEL  
Address: 405 S, FEDERAL HWY #300  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: WILLIAM D. SPIKER

S

03/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date