2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2007
Secretary of State

DOCUMENT# N06000009970

Entity Name: ROYAL ORDER OF CHIVALRY, INC.

Current Principal Place of Business:

10105 DORSET DR
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

10105 DORSET DR
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 20-5629373 **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:

MATTHEWS, CLIFF
10105 DORSET DR
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

MATTHEWS, CLIFFOD K P
10105 DORSET DR
LEESBURG, FL 34788 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: CLIFF MATTHEWS 07/15/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MATTHEWS, CLIFF
Address: 10105 DORSET DR
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete
Name: PETTIS, FRANK
Address: 10105 DORSET DR
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete
Name: WILEY, RAY
Address: 10105 DORSET DR
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MATTHEWS, CLIFF
Address: 10105 DORSET DR
City-St-Zip: LEESBURG, FL 34788

Title: VP (X) Change ( ) Addition
Name: PETTIS, FRANK
Address: 10105 DORSET DR
City-St-Zip: LEESBURG, FL 34788

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: CLIFF MATTHEWS P 07/15/2007
Electronic Signature of Signing Officer or Director Date