

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009970

FILED  
Aug 25, 2008  
Secretary of State

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, CLIFFOD K P  
10105 DORSET DR  
LEESBURG, FL 34788      US

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

MATTHEWS, CLIFFORD 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

08/25/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VP ( ) 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: ( ) 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: CLIFF MATTHEWS

P

08/25/2008

Electronic Signature of Signing Officer or Director

Date