2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009970

FILED Apr 30, 2009 Secretary of State

Entity Nar	ne: ROYAL O	RDER OF CHIVALRY, INC.		•	
Current P	rincipal Place	of Business:	New Principal Place	of Business:	
10105 DOF LEESBUR	RSET DR G, FL 34788				
Current M	ailing Addres:	s:	New Mailing Address	s:	
10105 DOF LEESBUR	RSET DR G, FL 34788				
FEI Number:	20-5629373	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
10105 DOF LEESBUR	G, FL 34788	US	purpose of abanging its registere	d office or registered agent or both	
	of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUF					
	Electroni	c Signature of Registered Age	ent	Date	
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MATTHEWS, CL 10105 DORSET LEESBURG, FL	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () PETTIS, FRANK 10105 DORSET LEESBURG, FL	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WILEY, RAY 10105 DORSET LEESBURG, FL		Title: Name: Address: 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: CLIFF MATTHEWS P 04/30/2009