

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # N98000002192

1. Entity Name
KNOWLES G. OGLESBY COUNCIL #42, ROYAL AND
SELECT MASTERS, INCORPORATED



Principal Place of Business
320 SOUTH FLORIDA AVE.
BARTOW, FL 33830

Mailing Address
320 SOUTH FLORIDA AVE
BARTOW, FL 33830



04202005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
23-7526331

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEST, JOE K
915 W MCLEOD STREET
BARTOW, FL 33830

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, word or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when rendering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000325127

04/23/05 000003 010 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
HACKER, JACK
STREET ADDRESS
1822 SUZANNE LANE
CITY- ST- ZIP
LAKELAND, FL 33803

TITLE
NAME
T
HACKER, JACK L
STREET ADDRESS
1822 SUZANNE LANE
CITY- ST- ZIP
LAKELAND, FL

TITLE
NAME
D
MOORE, TIMOTHY
STREET ADDRESS
5728 P. PES ROAD
CITY- ST- ZIP
BARTOW, FL 33830

TITLE
NAME
D
HERNANDEZ, ROBERT
STREET ADDRESS
2055 S. FLORAL AVE
CITY- ST- ZIP
BARTOW, FL 33830

TITLE
NAME
S
WEST, JOE K
STREET ADDRESS
915 MCLEOD STREET
CITY- ST- ZIP
BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05

863/533-9498

Day

Daytime Phone #

Joe K. West, Recorder