2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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

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

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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
23-7526331
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title (if applicable) (If FL Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HACKER, JACK
STREET ADDRESS	1822 SUZANNE LANE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	T
NAME	HACKER, JACK L
STREET ADDRESS	1822 SUZANNE LANE
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	MOORE, TIMOTHY
STREET ADDRESS	5728 P. PES ROAD
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	HERNANDEZ, ROBERT
STREET ADDRESS	2055 S. FLORAL AVE
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	S
NAME	WEST, JOE K
STREET ADDRESS	915 MCLEOD STREET
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80054-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joe K West 863/533-9498 1-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #