

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002192

FILED  
Feb 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

320 SOUTH FLORIDA AVE  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

320 SOUTH FLORIDA AVE  
BARTOW, FL 33830

**New Mailing Address:**

**FEI Number:** 23-7526331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FLETCHER, CASEY A  
Address: P.O. BOX 819  
City-St-Zip: BARTOW, FL 33831

Title: T ( ) Delete  
Name: WARREN, KEITH  
Address: 5540 WOODWIND DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: MOORE, TIMOTHY  
Address: 5728 P. PES ROAD  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: HERNANDEZ, ROBERT  
Address: 2055 S. FLORAL AVE  
City-St-Zip: BARTOW, FL 33830

Title: S ( ) Delete  
Name: WEST, JOE K  
Address: 915 MCLEOD STREET  
City-St-Zip: BARTOW, FL 33830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MOORE, TIMOTHY  
Address: 5728 PIPES ROAD  
City-St-Zip: BARTOW, FL 33830

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: JOE K WEST

SECY

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date