

**2022 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10417

**Entity Name:** UNION COUNCIL NO. 7, ROYAL AND SELECT MASTERS

**Current Principal Place of Business:**

189 W. AIRPORT BLVD  
PENSACOLA, FL 32505

**Current Mailing Address:**

189 W. AIRPORT BLVD  
PENSACOLA, FL 32505 US

**FEI Number:** 23-7583207

**Certificate of Status Desired:** No

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

JACOBS, WILLIAM R  
8605 EIGHT MILE CREEK RD  
PENSACOLA, FL 32526 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title SECRETARY  
Name JACOBS, WILLIAM R  
Address 8605 EIGHT MILE CREEK RD  
City-State-Zip: PENSACOLA FL 32526

Title TREASURER  
Name PAULCHEK, WILLIAM R SR.  
Address 5273 WESTWIND CIR.  
City-State-Zip: PENSACOLA FL 32526

Title DIRECTOR  
Name THIERGART, OTTO E.  
Address 9195 GULF BEACH HWY.  
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR  
Name SCHUTTS, JOSHUA W  
Address 515 W. ROMANA ST.  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name VEST, HASKELL R JR.  
Address 6891 BROCADO CT  
City-State-Zip: NAVARRE FL 32566

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILLIAM R JACOBS

**SECRETARY**

**03/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date