

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10411 (2)
1. Corporation Name
EMMANUEL COMMANDERY NO. 36, KNIGHTS TEMPLAR



Principal Place of Business 2111 N SPRING GARDEN AVE DELAND FL 32720	Mailing Address % F.R. YOUNG 623 CHERRY TREE LANE DELAND FL 32724-7504
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3. Date Incorporated or Qualified 06/15/1953	3a. Date of Last Report 03/08/1996
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2. Principal Place of Business 21 2557 N. Spring Garden Av. Suite, Apt. #, etc	2a. Mailing Address 26 c/o B. G. Cole Suite, Apt. #, etc.
22 DeLand, Florida City & State	27 643 N. Stone Street City & State
23 32720 Zip	29 32720 Zip

4. FEI Number 59-2356187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**YOUNG, FREDERICK R
623 CHERRY TREE LANE
DELAND FL 32720**

10. Name and Address of New Registered Agent

81 Name COLE, BERNARD G.
82 Street Address (P.O. Box Number is Not Acceptable) 643 North Stone Street
83
84 City DeLand FL 85 Zip Code 32720

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Bernard G. Cole, Secretary** *Bernard G. Cole* **1/27/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	COMBS, JOHN A.
STREET ADDRESS	24018 E BOB CAT RD
CITY-ST-ZIP	ASTOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CANFIELD, HESTEL O.
STREET ADDRESS	785 N BOUNDARY AVE
CITY-ST-ZIP	DELAND FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	YOUNG, FREDERICK R
STREET ADDRESS	623 CHERRY TREE LN
CITY-ST-ZIP	DELAND FL 32724-7504
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHUETZ, FREDERICK W
STREET ADDRESS	1419 DOUGLAS AVENUE
CITY-ST-ZIP	DELAND FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MULLER, JOHN W
STREET ADDRESS	708C E MINNESOTA AVE
CITY-ST-ZIP	DELAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHUCK, WILLIAM
1.3 STREET ADDRESS	726 North Florida Ave
1.4 CITY-ST-ZIP	DeLand, Florida 32720
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COLE, BERNARD G.
3.3 STREET ADDRESS	643 North Stone Street
3.4 CITY-ST-ZIP	DeLand, Florida 32720
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Bernard G. Cole* **BERNARD G. COLE** **1/27/97** **(904) 734-4074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013534

CP2E037 (9/96)