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**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10411 (2)
1. Corporation Name
EMMANUEL COMMANDERY NO. 36, KNIGHTS TEMPLAR



Principal Place of Business: **2557 N SPRING GARDEN AVE DELAND FL 32720 US**
Mailing Address: **C/O B G COLE 643 N STONE ST DELAND FL 32720 US**

3. Date Incorporated or Qualified: **06/15/1953**
4. FEI Number: **59-2356187**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 Ronald J. Fritch**
Suite, Apt. #, etc.: **27 P.O. Box 3127**
City & State: **28 Deland Fl**
Zip: **29 32723-3127** Country: **30 US**

9. Name and Address of Current Registered Agent
**COLE, BERNARD G
643 N STONE ST
DELAND FL 32720**

10. Name and Address of New Registered Agent
81 Name: **Ronald J. Fritch, Secretary**
82 Street Address (P.O. Box Number is Not Acceptable): **1420 E. Euclid Ave**
83
84 City: **Deland** FL 85 Zip Code: **32724**

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: **Ronald J. Fritch (Ronald J. Fritch)** DATE: **Jan 12, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CANFIELD, HESTEL O.	
STREET ADDRESS	765 N BOUNDARY AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUCK, WILLIAM	
STREET ADDRESS	726 N FLORIDA AVE	
CITY-ST-ZIP	DELAND FL	
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	S	<input checked="" type="checkbox"/> DELETE
NAME	COLE, BERNARD G	
STREET ADDRESS	643 N STONE ST	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frederick R. Young	
1.3 STREET ADDRESS	623 Cherry Tree Lane	
1.4 CITY-ST-ZIP	Deland, FL 32724-7504	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ronald J. Fritch, Secy	
5.3 STREET ADDRESS	1420 E. Euclid Ave	
5.4 CITY-ST-ZIP	Deland, FL 32724	
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 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 if changed, or on an attachment with an address.

SIGNATURE: **Ronald J. Fritch (Ronald J. Fritch)** 1/12/98 991738-4323

CR2E037 (10/97)