

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90031 040 ****61.25

DOCUMENT # C10411

1. Entity Name

EMMANUEL COMMANDERY NO. 36, KNIGHTS TEMPLAR

Principal Place of Business

2557 N SPRING GARDEN AVE
 DELAND FL 32720
 US

Mailing Address

P.O. BOX 1286
 DELAND FL 32721-1286
 US

DeLAND YORK RITE BO
P.O. BOX 681
DeLAND, FL 32721-01



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 681

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2356187

Applied For

Not Applicable

Zip

Country

Zip

Country

32721-0681

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRITCH, RONALD J
1420 E EUCLID AVE
DELAND FL 32724

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE *Ronald J. Fritch*

Signature, typed or printed name of registered agent and title if applicable.

Ronald J. Fritch

(NOTE: Registered Agent signature required when reinstating)

2/4/2000

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	COMBS, JOHN A	
STREET ADDRESS	24016 E. BOBCAT RD.	
CITY-ST-ZIP	ASTOR FL 32102-2616	
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 type="checkbox"/> Delete
NAME	FRITCH, RONALD J	
STREET ADDRESS	1420 E EUCLID AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Ronald J. Fritch* *Ronald J. Fritch* *2/4/2000* *904-738-4323*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)