


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # C10411 1. Entity Name EMMANUEL COMMANDERY NO. 36, KNIGHTS TEMPLAR	
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Principal Place of Business 2557 N SPRING GARDEN AVE DELAND, FL 32720 US	Mailing Address PO BOX 681 DELAND, FL 32721-1206 US
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03162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2356187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FRITCH, RONALD J 736 W. RICH AVE. DELAND, FL 32720	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b> ✓	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, JOHN A 24016 E. BOBCAT RD. ASTOR, FL 321022616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUCK, WILLIAM 728 N FLORIDA AVE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUETZ, FREDERICK W 1419 DOUGLAS AVENUE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULLER, JOHN W 708C E MINNESOTA AVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRITCH, RONALD J 736 W. RICH AVE. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANFIELD, HESTEL 129 RABUN CT SANFORD, FL 32771

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03/21/05-80091-017 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 3/16/05 386-738-4323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #