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

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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # C10368 (4)

1. Corporation Name
**GRAND COMMANDERY OF KNIGHTS TEMPLAR OF FLORIDA**

| Principal Place of Business | Mailing Address |
|---|---|
| 916-G FLORIDA AVENUE<br>COCOA FL 32922 | P.O. BOX 1597<br>COCOA FL 32923-1597<br>US |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 06/15/1953 | 03/21/1996 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 400-C - JULIA | 26 400-C - JULIA ST |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 TITUSVILLE FL | City & State<br>28 TITUSVILLE FL |
| Zip / Country<br>24 32796-3523 / 25 BREVARD CO | Zip / Country<br>29 32796-5523 / 30 USA |

4. FEI Number: 59-0268516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| YOUNG, WM. ROBERT<br>916-G FLORIDA AVENUE<br>COCOA FL 32922 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable): 400-C - JULIA ST<br>83<br>84 City: TITUSVILLE FL 85 Zip Code: 32796-3523 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WALTMAN, GUY E. | | 1.2 NAME | | |
| STREET ADDRESS | 314 N. GREENWOOD AVE. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LEHIGH ACRES FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GILMORE, CARL E | | 2.2 NAME | | |
| STREET ADDRESS | 2623 GRAND BLVD #301 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOLIDAY FL 34690 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HOCKETT, PAUL E. | | 3.2 NAME | | |
| STREET ADDRESS | 2441 BRENT AVENUE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER HAVEN FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | YOUNG, DUANE B. | | 4.2 NAME | | |
| STREET ADDRESS | 141 SHADOW LANE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL 33813-3594 | | 4.4 CITY-ST-ZIP | | |
| TITLE | P | ☐ DELETE | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | YOUNG, WM. ROBERT | | 5.2 NAME | | |
| STREET ADDRESS | ~~916-G FLORIDA AVENUE~~ | | 5.3 STREET ADDRESS | 400-C-JULIA ST | |
| CITY-ST-ZIP | ~~COCOA FL 32922~~ | | 5.4 CITY-ST-ZIP | TITUSVILLE FL 32796-3523 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] 3/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0019060