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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

C10368

(4)

## GRAND COMMANDERY OF KNIGHTS TEMPLAR OF FLORIDA

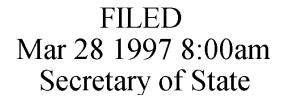
916-0' FLORIDA AVENUE COCOA FL-32922
---

SIGNATURE:

Principal Place of Business

Mailing Address

P.O/ BOX 1897 COCOA FL 32928-1597 US





Daytime Phone # 0019060

		00		3. Date incorporated or Qualified 06/15/1953	3a. Date of Last Report 03/21/1996
	lace of Business	2a. Mailing Address 26 400-0 - J	·	4. FEI Number 59-0268516	Applied For
Suite, Apt 22	-C - JULIA #, etc.	26 400-C - To Suite, Apt. #, etc.	ULIA 21	5. Certificate of Status Desired	Not Applicable  \$8.75 Additional Fee Required
City & State	e 'SV, LL4 FL Country USA	City & State  28 TiTUSViLL  Zip	e Fl	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
	3527 25 BROVARD CO	20 32796-5523	30 USA	Florida Statutes	Yes X No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	agistered Agent
Young, wm. Robert 91643 Florida Avenue Goçãa Fl 32922			B2 Street	Address (P.O. Box Number is Not Accepta  O C:- JUMA 57	
			84 City	USVILLE.	FL 85 Zip Code 32796-3523
) office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	es, the above-named authorized by the core	corporation submits this statement for the poration's board of directors. I hereby according to the control of the corporation	purpose of changing its registered apt the appointment as registered
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title 1 applicable. (NOT	E: Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME I	WALTMAN, GUY E.		1.2 NAME		<b>\</b>
STREET ADDRESS	314 N. GREENWOOD AVE.		1.3 STREET ADDRESS		
]	LEHIGH ACRES FL		1.4 CITY+ST-ZIP		
CITY-ST-ZIP	D D	DELETE	2.1 TITLE		Change Addition
TITLE	· -	L.J DECERE	•		Li guardo Li vogradii
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	,	Ì
STREET ADORESS	2441 BRENT AVENUE		3.3 STREET ADDRESS		}
CITY-ST-ZIP	WINTER HAVEN FL		3.4. CITY-ST-ZiP		i
TITLE	7	DELETE	4.1 TITLE		Change Addition
NAME	YOUNG, DUANE B.		4 2 NAME		
i " '	141 SHADOW LANE		4.3 STREET ADDRESS	}	ł
STREET ADDRESS					\
CITY-ST-7IP	LAKELAND FL 33813-3594	DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE	P	☐ DEFEIG	5.1 TITLE	ļ	Change L. Adunton
NAME	YOUNG, WM. ROBERT		5.2 NAME	السيسرين وسعره المرابا	l
STREET ADDRESS	916-G FLORIDA AVENUE		53 STREET ADDRESS	400-C-JULIA 31	
CITY-ST-ZIP	COCOA F1/3/29/22		5.4 City - St - ZiP	400-C-JULIA ST TITUSVILLE FL 32	146-3523
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	{		6.2 NAME	Į	į
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	Ì		64 CITY-ST-ZIP	1	j
14. Ldo here!	by certify that the information supplied	d with this filing does not quali	ify for the exemption s	I stated in Section 119.07(3)(i), Florida Statul	tes. I further certify that the
informatio	on indicated on this annual report or si	upplemental annual report is t the receiver or trustee empoy	true and accurate and vered to execute this	I that my signature shall have the same lec report as required by Chapter 617, Florida	gal effect as if made under oath; that