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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10368** (4)
1. Corporation Name
GRAND COMMANDERY OF KNIGHTS TEMPLAR OF FLORIDA

Principal Place of Business 400-C JULIA TITUSVILLE FL 32796-3523 US	Mailing Address 400-C JULIA ST. TITUSVILLE FL 32796-3523 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/15/1953	
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
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	

9. Name and Address of Current Registered Agent
**YOUNG, WM. ROBERT
400-C JULIA ST.
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	☒ DELETE
NAME	D WALTMAN, GUY E.
STREET ADDRESS	314 N. GREENWOOD AVE.
CITY - ST - ZIP	LEHIGH ACRES FL
TITLE	☒ DELETE
NAME	D GILMORE, CARL E
STREET ADDRESS	2623 GRAND BLVD #301
CITY - ST - ZIP	HOLIDAY FL 34690
TITLE	☒ DELETE
NAME	D HOCKETT, PAUL E.
STREET ADDRESS	2441 BRENT AVENUE
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	☐ DELETE
NAME	T YOUNG, DUANE B.
STREET ADDRESS	141 SHADOW LANE
CITY - ST - ZIP	LAKELAND FL 33813-3594
TITLE	☐ DELETE
NAME	P YOUNG, WM. ROBERT
STREET ADDRESS	400-C JULIA ST.
CITY - ST - ZIP	TITUSVILLE FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	D RONALD TAYLOR
1.3 STREET ADDRESS	RT #1 BOX 180
1.4 CITY - ST - ZIP	SANDERS FL 32047
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	D EDWIN B MOORE III
2.3 STREET ADDRESS	8 BARBARA COURT
2.4 CITY - ST - ZIP	ORMOND BEACH FL 32174-4969
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	D DANIEL L. TENNETT
3.3 STREET ADDRESS	1675 VILLAGE WAY
3.4 CITY - ST - ZIP	ORANGE PARK FL 32073-5261
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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: *WM Robert Young*

CR2E037 (10/97)