

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90052 007 ****61.25

DOCUMENT # C10368

1. Entity 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

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0268516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

YOUNG, WM. ROBERT
400-C JULIA ST.
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D
NAME ANDERSON, GORDON L ☒ Delete
STREET ADDRESS 1 SHIRLEY PLACE
CITY-ST-ZIP BUNELL FL 33110

TITLE T
NAME YOUNG, DUANE B. ☐ Delete
STREET ADDRESS 141 SHADOW LANE
CITY-ST-ZIP LAKELAND FL 33813-3594

TITLE P
NAME YOUNG, WM. ROBERT ☐ Delete
STREET ADDRESS 400-C JULIA ST.
CITY-ST-ZIP TITUSVILLE FL

TITLE D
NAME BURLESON, ROBERT E ☒ Delete
STREET ADDRESS 12157 DELWARE WOODS LANE
CITY-ST-ZIP ORLANDO FL 32824

TITLE D
NAME MCKEE, WILLIAM R ☐ Delete
STREET ADDRESS 1600 55TH ST N
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME ELLIS, WILLIAM G
STREET ADDRESS 1420 MERCURY ST
CITY-ST-ZIP PERRITT ISLAND FL 32953

TITLE D ☐ Change ☒ Addition
NAME Leroy E Fackler
STREET ADDRESS 1301 NW 112TH ST
CITY-ST-ZIP MIAMI FL 33167-3617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *WM Robert Young* **WM Robert Young** *1/28/2004 321/383-1530*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #