2095 NOT-FOR-PROFIT CORPORATION **FILED ANNUAL REPORT (AR)** Apr 12, 2005 8:00 am DOCUMENT # C10368 Secretary of State 1. Entity Name 04-12-2005 90142 005 ****61.25 GRAND COMMANDERY OF KNIGHTS TEMPLAR OF **FLORIDA** Principal Place of Business Mailing Address 400-C JULIA ST. TITUSVILLE FL 32796-3523 400-C JULIA TITUSVILLE FL 32796-3523 3. Mailing Address 2. Principal Place of Business 490 Garden 490 Garden Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 59-0268516 ITUSVIL Not Applicable ITU SVILL Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOUNG, WM. ROBERT (P.O. Box Number is Not Acceptable) 400-C JULIA ST. ... GARDEN TITUSVILLE FL 32796

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

Signalule, typed or pright name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

Zip Code 32*796 - 285*6

10. OFFICE AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D // ELLIS, WILLIAM G 1420 MERCURY ST. MERRITT ISLAND FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, DUANE B. 141 SHADOW LANE LAKELAND FL 33813-3594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAMF STREET ADDRESS CITY-ST-ZIP	P YOUNG, WM. ROBERT 400-C JULIA ST. TITUSVILLE FL	— Delete	TITLE NAME. STREET ADDRESS CITY-ST-ZIP	Recorder Change UIRGIL P. BADWN JR 490 Ga-den ST, Suite A TITUSUILLE FL 32795-2856	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FACKLER, LEROY E 1301 NW 112TH ST. MIAMI FL 33167	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCKEE, WILLIAM R 1600 55TH ST N SAINT PETERSBURG FL 33710	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Change 19086AN, Jerry R. P.O. BOX 2602 Lake City, FL 72056-2602	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition

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: VIRGIT PRINTER AND TYPED OR PRINTER AND