2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

TITUSVILLE FL 32796-3523

Suite, Apt. #, etc.

400-C JULIA ST.

DOCUMENT # C10368

1. Entity Name

400-C JIII IA

Principal Place of Business

2. Principal Place of Business

YOUNG, WM. ROBERT

the obligations of registered agent.

400-C JULIA ST. TITUSVILLE FL 32796

TITUSVILLE FL 32796-3523

Suite, Apt. #, etc.

City & State

Zip

Grand Commandery of Knights Templar of Florida

Country

6. Name and Address of Current Registered Agent



Country

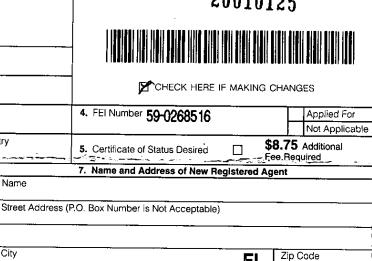
City

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

FILED Jan 16, 2003 8:00 am **Secretary of State**

01-16-2003 90083 026 ****61.25

20010125



SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE'IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change **X** Addition GORDON L. ANDERSON PIASECKI, FREDERICK NAME NAME 1 Shirtey Place STREET ADDRESS 140 SANTA ROSA PO 150X 957 STREET ADDRESS FLORAHOME FL 32140 CITY-ST-ZIP ORMOD BOXEN FL BUNCLA FL CITY-ST-ZIP ☐ Delete TITLE IN WILLIAM R MCKEE YOUNG, DUANE B. NAME STREET ADDRESS 141 SHADOW LANE 1600-55TE ST N STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813-3594 CITY-ST-ZIP -ST RTERODURE FL 33710-5715 TITLE ☐ Delete ■ Addition YOUNG, WM. ROBERT NAME STREET ADDRESS 400-C JULIA ST. STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BURLESON, ROBERT E NAME NAME STREET ADDRESS 12157 DELWARE WOODS LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32824 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: