


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90021 020 ****61.25

DOCUMENT # C10369 1. Entity Name PILGRIM COMMANDERY NO. 7 KNIGHTS TEMPLAR					
Principal Place of Business 130 NE 910TH AVENUE BRANFORD, FL 32008-8913 US			Mailing Address P.O. BOX 972 GAINESVILLE, FL 32602		
2. Principal Place of Business - No Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6144955	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCHREIBER, WILLIAM H 130 910TH AVENUE BRANFORD, FL 32008				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>William H. Schreiber</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> WILLIAM H. SCHREIBER, SECRETARY <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> 02-17-2007 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSGOOD, HOWARD B 103 NW 40TH DR. GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASKINS, DENNIS E 6705 NW 52ND TERR GAINESVILLE, FL 32653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFFORD, EDWARD L 2930 SW 23RD TERR #2006 GAINESVILLE, FL 32608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, HARVEY L 2121 NE 55 BLVD GAINESVILLE, FL 32609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DANIEL F 245 NE 8TH AVE. LAKE BUTLER, FL 32054	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SCHREIBER, WILLIAM H 130 NE 910TH AVENUE BRANFORD, FL 320088913	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL L. WILLIAMS 150 N. LAKE AVENUE LAKE BUTLER, FL 32054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARD, HARVEY L. 2121 NE 55th Blvd GAINESVILLE, FL 32641	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>William H. Schreiber</i> WILLIAM H. SCHREIBER, SECRETARY 02-17-2007 1 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> 02-17-2007 <small>Daytime Phone #</small>					

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Mailed 2-20-2007, CK#1229