

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10369

FILED
Feb 25, 2009
Secretary of State

Entity Name: PILGRIM COMMANDERY NO. 7 KNIGHTS TEMPLAR

Current Principal Place of Business:

13309 NW 39TH AVE
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 972
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 59-6144955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, KEVIN S
13309 NW 39TH AVE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, DANIEL L
Address: 150 N LAKE AVENUE
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: HASKINS, DENNIS E
Address: 6705 NW 52ND TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: CLIFFORD, EDWARD L
Address: 2930 SW 23RD TERR #2006
City-St-Zip: GAINESVILLE, FL 32608

Title: TD () Delete
Name: WARD, HARVEY L
Address: 2121 NE 55 BLVD
City-St-Zip: GAINESVILLE, FL 32641

Title: TS () Delete
Name: HANSON, KEVIN S
Address: 13309 NW 39TH AVE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JONES, CHARLES
Address: 8290 NE 24TH ST
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D (X) Change () Addition
Name: ELDER, DAVID H JR.
Address: 64 SW 39TH AVE
City-St-Zip: CROSS CITY, FL 32628

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN S HANSON

TS

02/25/2009

Electronic Signature of Signing Officer or Director

Date