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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # C10375 (9)**
1. Corporation Name
DAMASCUS COMMANDERY NO. 2, KNIGHTS TEMPLAR

Principal Place of Business

Mailing Address

**237 S MCDUFF AVE
JACKSONVILLE FL 32205****1237 S MCDUFF AVE
JACKSONVILLE FL 32205-8050**3. Date Incorporated or Qualified
06/15/19533a. Date of Last Report
04/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1738716Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRINGTON, WENDELL D
1237 S MCDUFF AVE
JACKSONVILLE FL 32205**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **AENCHBACHER, HUBERT E JR**
STREET ADDRESS **2137 UNIVERSITY BLVD NO**
CITY-ST-ZIP **JACKSONVILLE FL**1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **FERRELL, WILLIAM**
1.3 STREET ADDRESS **4654 LONGBOW RD**
1.4 CITY-ST-ZIP **JACKSONVILLE FL. 32210-8144**TITLE **D** ☐ DELETE
NAME **RUSS, ALBERT B**
STREET ADDRESS **8118 SABAL OAK LN**
CITY-ST-ZIP **JACKSONVILLE FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **D'ANGINA, DARRYL A**
STREET ADDRESS **3146 LAUREL GROVE S**
CITY-ST-ZIP **JACKSONVILLE FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **T** ☐ DELETE
NAME **JOHNSON, JOSEPH J**
STREET ADDRESS **1110 E 13TH ST**
CITY-ST-ZIP **JACKSONVILLE FL 32206**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **S** ☐ DELETE
NAME **ADAMS, VERNON E**
STREET ADDRESS **5859 110TH ST**
CITY-ST-ZIP **JACKSONVILLE FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

VERNON E. ADAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97

904-771-8847
Daytime Phone 6004849

CR2E037 (9/96)