


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # C10377</b>		
1. Entity Name LAKE CITY COMMANDERY NO. 39, KNIGHTS TEMPLAR		
Principal Place of Business LC LODGE # 27 LAKE CITY, FL 32056	Mailing Address PO BOX 844 LAKE CITY, FL 32056-1328	



01232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1821798</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  MCDAVID, TERRY 178 SE HERNANDO AVE LAKE CITY, FL 32025	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORGAN, JERRY R PO BOX 2602 N/A LAKE CITY, FL 320562602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEECHER, CHARLES E 745 THERESA ST LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDSON, MARTY RT 2 BOX 174-A JASPER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, HUGH F PO BOX 844 N/A LAKE CITY, FL 320560844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/06/07-80030-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Hugh F. Moore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07 386-752-3000  
Date Daytime Phone #