

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90903 013 \*\*\*\*61.25

**DOCUMENT # C10377**

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**

**10031338**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1821798**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDavid, Terry  
128 HERNANDO ST  
LAKE CITY FL 32056-1328**

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>MORGAN, JERRY R</b>			
	<b>PO BOX 2602 N/A</b>			
	<b>LAKE CITY FL 32056-2602</b>			
	<b>D</b>			
	<b>BEECHER, CHARLES E</b>			
	<b>745 THERESA ST</b>			
	<b>LAKE CITY FL 32055</b>			
	<b>D</b>			
	<b>HUDSON, MARTY</b>			
	<b>RT 2 BOX 174-A</b>			
	<b>JASPER FL</b>			
	<b>D</b>			
	<b>TERRY, E COLON</b>			
	<b>RT 5 BOX 610</b>			
	<b>LAKE CITY FL 32055</b>			
	<b>D</b>			
	<b>MOORE, HUGH F</b>			
	<b>PO BOX 844 N/A</b>			
	<b>LAKE CITY FL 32056-0844</b>			
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

*Hugh F. Moore* 3-03-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)