



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90158 011 ****61.25

DOCUMENT # C10379 1. Entity Name MELBOURNE COMMANDERY NO. 41, KNIGHTS TEMPLAR					
Principal Place of Business 1715 AVOCADO MELBOURNE, FL 32935 US				Mailing Address P.O. BOX 3234 MELBOURNE, FL 32902-3234 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032005 Chg-NP CR2E037 (10/03)	
4. FEI Number <input checked="" type="checkbox"/> 59-2187375				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENDRICKSON, WILLIAM M 150 POINSETTA INDIALANTIC, FL 32903			Name Street Address (P.O. Box Number is Not Acceptable) 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, HENRY A		NAME	Hollinger, Charles L.	
STREET ADDRESS	605 N. RAMONA AVE		STREET ADDRESS	125 Angelo Rd SE	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOFIELD, ARNOLD		NAME	Schrock, Dayle L.	
STREET ADDRESS	725 PT MALABAR BLVD. NE #3		STREET ADDRESS	PO Box 360577	
CITY-ST-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP	Melbourne, FL 32936-0577	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAUDOIN, PAUL A		NAME	Adams, Henry A.	
STREET ADDRESS	1209 SUNWOOD DR.		STREET ADDRESS	605 N Ramona Ave	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKSON, WILLIAM M HON		NAME		
STREET ADDRESS	150 POINSETTA ST		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADWELL, GENE B		NAME		
STREET ADDRESS	230 DE PAZ AVE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			William M. Hendrickson		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

4/7/05 321-773
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