


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90125 027 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2187375	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HENDRICKSON, WILLIAM M 150 POINSETTA INDIALANTIC, FL 32903				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
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, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete HOLLINGER, CHARLES L 125 ANGELO RD SE PALM BAY, FL 32909				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete SCHOFIELD, ARNOLD P O BOX 360577 MELBOURNE, FL 32936				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ADAMS, HENRY A 1209 SUNWOOD DR. INDIALANTIC, FL 32903				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete HENDRICKSON, WILLIAM M HON 150 POINSETTA ST INDIALANTIC, FL 32903				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete GLADWELL, GENE B 230 DE PAZ AVE INDIALANTIC, FL 32903				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schrock, Dayle L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 490 Sail Lane Merritt Isl, FL 32953				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hollinger, Charles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 125 Angelo Rd SE Palm Bay, FL 32909				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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: <u>William M Hendrickson</u> <u>02-08-06</u> <u>321 773 0759</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					