## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2007 8:00 am Secretary of State

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DOCUMENT # C10379  1. Entity Name MELBOURNE COMMANDERY NO. 41, KNIGHTS TEMPLAR				1		7 90 <b>3</b> 60 0			
Principal Place of Business Mailing Address 1715 AVOCADO P.O. BOX 3234 MELBOURNE, FL 32935 US MELBOURNE, FL 32902-3234 US				1 (\$4)TH VI (TE) (10)	89185 MH 12918	<del>i</del> an alah dian ala	TIS ON OTH OTHER OTHE	51 <b>71 6) 417</b> 1	
2. Principal Place of Business - No P.O. Box # 3. Mailing		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262007 CI	hg-NP	CR2E0:	37 (12/06)		
City & State		City & State		4. FEI Number 59-218737	4. FEI Number Applied For 59-2187375 Not Applicable				
Zip . :	Gountry	Zip	Country	5. Certificate of St	tatus Desired		\$8.75 Add	fitional	
	6. Name and Address of Current I		7. Name and Add	tress of New	Registered /				
HENDRICKSON, WILLIAM M			Name						
150 POINS			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
14 g # 1/35 T T T T									
<u> </u>			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.									
SIGNIATI IDE									
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent s	and title if applicable. (NOTE: F	Registered Agent signature requ	ured when renstating)		DATE		<del></del>	
SIGNATURE :	Signature, typed or presed name of registered agent a Filling Fee Is \$61.25 Due by Mary 1, 2007	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Be Added to Fees	FI	Make check			
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Be	<u> </u>	Make check orida Depar	tment of St	tate	
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10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR  P SCHROCK, DAYLE L 490 SAIL LN MERRITT ISLAND, FL 32953	9. Election Camp Trust Fund Co	aign Financing ntribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	<u> </u>	Make check orida Depar	tment of St RECTORS IN  Change	10 Addition	
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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: XILLION A X SULLIAM M. HENDRICKSON 3/4/07 321-773-0759

SIGNATURE AND TYPED ON PROPRIED NAME OF SCHOOL OFFICER OR DIRECTOR

Date Design Proper 8