

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10379

FILED  
Feb 21, 2010  
Secretary of State

**Entity Name:** MELBOURNE COMMANDERY NO. 41, KNIGHTS TEMPLAR

**Current Principal Place of Business:**

1715 AVOCADO  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3234  
MELBOURNE, FL 329023234 US

**New Mailing Address:**

**FEI Number:** 59-2187375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENDRICKSON, WILLIAM M  
150 POINSETTA  
INDIALANTIC, FL 32903 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PANICCIA, JOHN  
Address: 1963 CATO COURT  
City-St-Zip: INDIALANTIC, FL 32903

Title: V  
Name: SCHROCK, DAYLE L  
Address: 3693 MIDDLEBURG LA  
City-St-Zip: ROCKLEDGE, FL 32955

Title: V  
Name: ATCHISON, WADE A  
Address: 1849 ONTARIO CIR S  
City-St-Zip: MELBOURNE, FL 32935

Title: S  
Name: HENDRICKSON, WILLIAM M  
Address: 150 POINSETTA ST  
City-St-Zip: INDIALANTIC, FL 32903

Title: T  
Name: HALL, ERIC D  
Address: 2380 FOREST PARK DR  
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM M. HENDRICKSON

SECY

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date