

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90254 022 ****61.25

DOCUMENT # C10385

1. Entity Name
MIAMI COMMANDERY NO. 13, KNIGHTS TEMPLAR



Principal Place of Business
**1690 NW NORTH RIVER DR
MIAMI, FL 33125**

Mailing Address
**1690 NW NORTH RIVER DR
MIAMI, FL 33125**

2. Principal Place of Business
**150 WEST 20TH STREET
Suite, Apt. #, etc.**

3. Mailing Address
**P. O. BOX 970470
Suite, Apt. #, etc.**

04152005 Chg-NP CR2E037 (10/03)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
59-1833288

Applied For
Not Applicable

Zip
33011

Country

Zip
33197

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHILEY, JOHN G.
5841 SW 80TH STREET
SOUTH MIAMI, FL 33143**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JOSEPH M 14240 S.W. 79TH COURT MIAMI, FL 33158 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, STEVEN Q 508 LAVILLA DRIVE MIAMI, FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FACKLER, LEROY E 1301 NW 112TH ST MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR CHIPOURAS, GEORGE A 19460 S.W. 87TH AVENUE MIAMI, FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLON, BLAS PELLON, BLAS 3121 S.W. 23RD STREET MIAMI, FL 33145 <input type="checkbox"/> Delete
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	D HENDRICKS, JOHN I. 21875 S. W. 212TH AVENUE MIAMI, FL 33170-1006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDAO, EDUARDO L 2101 S. W. 56TH TERRACE HOLLYWOOD, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COCKRELL DAVID A. 9946 N. W. 49TH TERRACE MIAMI, FL 33178 <input checked="" 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
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: *George A. Chipouras* April 31, 2005 305-253-7513