

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90003 003 ****61.25

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DOCUMENT # C10385					
1. Entity Name MIAMI COMMANDERY NO. 13, KNIGHTS TEMPLAR					
Principal Place of Business 150 WEST 20TH STREET MIAMI, FL 33011			Mailing Address PO BOX 970470 MIAMI, FL 33197		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. P, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FH Number 59-1833288	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHILEY, JOHN G. 5841 SW 80TH STREET SOUTH MIAMI, FL 33143			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$61.25 Due by September 6, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HENDRICKS, JOHN I		NAME		
STREET ADDRESS	21875 SW 212TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33170-1806		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRANDAO, EDUARDO L		NAME		
STREET ADDRESS	2101 SW 66TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COCKRELL, DAVID A		NAME		
STREET ADDRESS	9946 NW 49TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	DR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CHIPOURAS, GEORGE A		NAME		
STREET ADDRESS	19460 S.W. 87TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33167		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	FELLON, BLAS		NAME	FUTCH, HARRY B	
STREET ADDRESS	3121 S.W. 23RD STREET		STREET ADDRESS	2000 SEAGRAPE AVENUE	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	PEMBROKE PINES, FL, 33026	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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 answered.					
SIGNATURE: <u>George A. Chipouras</u>		JULY 31, 2006		305-253-7513	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					