


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90028 003 \*\*\*\*61.25

<b>DOCUMENT # C10386</b> 1. Entity Name <b>SUNSHINE COMMANDERY NO. 20, KNIGHTS TEMPLAR</b>					
Principal Place of Business <b>114 FOURTH ST. S. ST PETERSBURG, FL 33731</b>			Mailing Address <b>7606 RIDGE ROAD APT 102 F SEMINOLE, FL 33772 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-6180997</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HARRIOTT, DONALD T 7606 RIDGE ROAD APT 102 F SEMINOLE, FL 33772</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>Donald T. Harriott</i> DATE: <i>Feb 12 2007</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HARRIOTT, DONALD T 7606 RIDGE RD., APT 102F SEMINOLE, FL 33772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCMILLAN RONALD PO BOX 17267 CLEARWATER, FL 33762	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAUGHAN, RALPH E 11403 94TH ST N LARGO, FL 33773	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRKPATRICK, ROBERT G 1846 PENNWOOD CIRCLE W CLEARWATER, FL 33756	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROWDER, JIMMIE B 1085 LEO ST TAMPA, FL 336126050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Newton, Ronald C. 6476 Evergreen Ave Seminole Fl. 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRKPATRICK, ROBERT G 1846 PENNWOOD CIRCLE W CLEARWATER, FL 33756	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROWDER, JIMMIE B 1085 LEO ST TAMPA, FL 336126050	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Newton, Ronald C. 6476 Evergreen Ave Seminole Fl. 33772	<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: <i>Donald T. Harriott</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>Feb 12 2007</i> Daytime Phone #: <i>727 393 7963</i>			

*DONALD T. HARRIOTT*