


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90014 022 ****61.25

DOCUMENT # C10386	
1. Entity Name SUNSHINE COMMANDERY NO. 20, KNIGHTS TEMPLAR	

Principal Place of Business 114 FOURTH ST. S. ST PETERSBURG, FL 33731	Mailing Address 7606 RIDGE ROAD APT 102 F SEMINOLE, FL 33772 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03242008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-6180997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRIOTT, DONALD T 7606 RIDGE ROAD APT 102 F SEMINOLE, FL 33772		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 <i>Donald T. Harriott</i>	DATE <i>Mar 25 2008</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIOTT, DONALD T			NAME			
STREET ADDRESS	7606 RIDGE RD., APT 102F			STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE, FL 33772			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMILLAN RONALD			NAME			
STREET ADDRESS	PO BOX 17267			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33762			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEWTON, RONALD C			NAME	Vaughan, Ralph E.		
STREET ADDRESS	6476 EVERGREEN AVE			STREET ADDRESS	11403 94th st N		
CITY-ST-ZIP	SEMINOLE, FL 33772			CITY-ST-ZIP	Largo FL 33773		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKPATRICK, ROBERT G			NAME			
STREET ADDRESS	1846 PENNWOOD CIRCLE W			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33756			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CROWDER, JIMMIE B			NAME	Klaus, Harry J.		
STREET ADDRESS	1085 LEO ST			STREET ADDRESS	1497 42nd Ave NE		
CITY-ST-ZIP	TAMPA, FL 336126050			CITY-ST-ZIP	St Petersburg FL 33703		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.			
SIGNATURE: <i>Donald T. Harriott</i>		DATE: <i>Mar 25 2008</i>	DAYTIME PHONE #: <i>727 393 7969</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			