

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90133 001 ****61.25

DOCUMENT # C10390

1. Corporation Name

COEUR DE LION COMMANDRY NO. 1, KNIGHTS TEMPLAR

Principal Place of Business

1090 SENIC HIGHWAY
PENSACOLA FL 32503

Mailing Address

P. O. BOX 1813
PENSACOLA FL 32598
US

163964 . 90133 . 1



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/15/1953

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7618329

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

25

Zip Country

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALDWELL, DREXEL P
2110 W CYPRESS ST
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME SMITH, GREGORY D
STREET ADDRESS 9590 PINECONE DRIVE
CITY-ST-ZIP CANTONMENT FL 32533

D CHARLES PEREZ
7649 NORTH POINTE DRIVE
PENSACOLA, FL 32514

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME FRETLAND, MILLARD L
STREET ADDRESS 4700 SLABACK STREET
CITY-ST-ZIP PENSACOLA FL

D CHARLES A. HENDRIX
5799 YUCCA DRIVE
MILTON, FL 32583

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME GORDON, CLARY D
STREET ADDRESS 3830 E JOHNSON AVE
CITY-ST-ZIP PENSACOLA FL

PT MARVIN P. GARRETT
3471 EDINBURGH DRIVE
PACE, FL 32571

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME CALDWELL, DREXEL P
STREET ADDRESS 2110 W CYPRESS ST
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Drexel P. Caldwell
DREXEL P. CALDWELL
REQUIRED

January 26, 1999 (850)438-2601

CR2E037 (11/98)