

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90019 021 ****61.25

DOCUMENT # C10390

1. Entity Name

**COEUR DE LION COMMANDRY NO. 1, KNIGHTS
TEMPLAR**



Principal Place of Business

189 W. AIRPORT BLVD
PENSACOLA FL 32503

Mailing Address

189 W. AIRPORT BLVD
PENSACOLA FL 32503
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

23-7618329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GILMAN, RICHARD A
4168 AQUA VISTA DRIVE
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

WILLIAM R. JACOBS

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

4057 SHERIDAN DR.

City

PACE

FL

Zip Code
32571

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 William R. Jacobs, Secretary/Recorder

March 19th, 2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	T	<input type="checkbox"/> Delete
NAME	PEREZ, CHARLES	
STREET ADDRESS	7649 N POINTE DR	
CITY ST ZIP	PENSACOLA FL 32514	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GILMAN, RICHARD A	
STREET ADDRESS	4168 AQUA VISTA DRIVE	
CITY ST ZIP	PENSACOLA FL 32504	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYNO, DALE L	
STREET ADDRESS	7509 WOODS RD.	
CITY ST ZIP	PENSACOLA FL 32526	

TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, JOHN H JR	
STREET ADDRESS	50 B SOUTH PINWOOD LN	
CITY ST ZIP	PENSACOLA FL 32507	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, WILLIAM R.	
STREET ADDRESS	4057 SHERIDAN DR.	
CITY ST ZIP	PACE, FL 32571	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, DAVID A. JR	
STREET ADDRESS	1600 GOVERNORS DR., #1313	
CITY ST ZIP	PENSACOLA, FL 32504	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRTLEY, CARL G.	
STREET ADDRESS	9807 LOQUAT DR.	
CITY ST ZIP	PENSACOLA, FL 32506	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William R. Jacobs, Secretary/Recorder

03/19/07 850-969-9016