

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90045 020 \*\*\*\*61.25

<b>DOCUMENT # C10391</b> 1. Entity Name <b>BRADFORD COMMANDERY NO. 43, KNIGHTS TEMPLAR</b>					
Principal Place of Business <b>NORTH GROVE &amp; JEFFERSON ST P.O. BOX 90 LAWTEY, FL 32058</b>			Mailing Address <b>NORTH GROVE &amp; JEFFERSON ST P.O. BOX 90 LAWTEY, FL 32058</b>		
2. Principal Place of Business <b>24717 Grove St. Suite, Apt. #, etc. Post Office Box 431</b>		3. Mailing Address <b>24716 Grove St. Suite, Apt. #, etc. Post Office Box 431</b>		<b>40013701</b> 	
City & State <b>Lawtey, Florida</b>		City & State <b>Lawtey, Florida</b>		4. FEI Number <b>59-1881516</b>	
Zip <b>32058-0431</b>		Country <b>US</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>BEEMAN, ERNEST W 2553 SE 144TH ST. STARKE, FL 32091</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <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, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</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	<b>D</b> <b>MURPHY, MILLEDGE</b> <input type="checkbox"/> Delete <b>1815 NW 7TH PL</b> <b>GAINESVILLE, FL 32603</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>COMACHO, FRANCICO T</b> <input type="checkbox"/> Delete <b>3241 NW 233 ST</b> <b>LAWTEY, FL 32058</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>WILKERSON, LLOYD</b> <input checked="" type="checkbox"/> Delete <b>5022 STATE RD 218</b> <b>MIDDLEBURG, FL 320683552</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Hall Howard D.</b> <b>4929 Peppergrass St.</b> <b>Middleburg, Fl. 32068</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>BEEMAN, ERNEST W</b> <input type="checkbox"/> Delete <b>2553 SE 144TH ST.</b> <b>STARKE, FL 32091</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>ATWELL, ROBERT G</b> <b>4104 APPALOOSA RD</b> <b>MIDDLEBURG, FL 320683552</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Davis Raymond M Jr.</b> <b>14900 NW 46 Ave.</b> <b>Alaucha, Fl. 32615</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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.					
<b>SIGNATURE: <u>Ernest W. Beeman</u> Ernest W. Beeman</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2-17-05</b>		<b>(904) 964-8985</b>	
<small>Date</small>		<small>Daytime Phone #</small>			