

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10391

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: BRADFORD COMMANDERY NO. 43, KNIGHTS TEMPLAR

**Current Principal Place of Business:**

24717 GROVE ST  
PO BOX 431  
LAWTEY, FL 32058

**New Principal Place of Business:**

24716 GROVE ST  
LAWTEY, FL 32058

**Current Mailing Address:**

24717 GROVE ST  
PO BOX 431  
LAWTEY, FL 32058

**New Mailing Address:**

24716 GROVE ST  
LAWTEY, FL 32058

FEI Number: 59-1881516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEEMAN, ERNEST W  
2553 SE 144TH ST.  
STARKE, FL 32091 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HALL, HOWARD D  
Address: 4929 PEPPERGRASS ST  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: PACETTI, COY A  
Address: 8885 OLD GAINESVILLE RD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: S ( ) Delete  
Name: ATWELL, ROBERT G  
Address: 4104 APPALOOSA RD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: T ( ) Delete  
Name: BEEMAN, ERNEST W  
Address: 2553 SE 144TH ST.  
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete  
Name: CHAPIN III, RAYMOND W  
Address: 4124 SCENIC DR  
City-St-Zip: MIDDLEBURG, FL 32068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DILLARD, DAVID  
Address: 6525 WOLVERINE LANE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D (X) Change ( ) Addition  
Name: PACETTI, COY A  
Address: 8885 OLD GAINESVILLE RD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BULLARD, ROBERT  
Address: 1195 LAKE ASBURY DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G. ATWELL

REC

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date