

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10396 (5)
1. Corporation Name
BREVARD COMMANDERY NO. 24, KNIGHTS TEMPLAR



Principal Place of Business
**3845 CATALINA ST.
TITUSVILLE FL 32796**

Mailing Address
**3845 CATALINA ST.
TITUSVILLE FL 32796**

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/15/1953 | | 3a. Date of Last Report 04/13/1995 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-1804983 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

**YOUNG, WM. ROBERT
3845 CATALINA ST.
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| 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 | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERRITT, J.C. | 1.2 NAME | Robert Moyer |
| STREET ADDRESS | 2825 DIAMOND RD. | 1.3 STREET ADDRESS | 3575 Palmer Dr. |
| CITY-ST-ZIP | TITUSVILLE FL | 1.4 CITY-ST-ZIP | Titusville, FL 32780 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOYER, ROBERT W | 2.2 NAME | George H. James. |
| STREET ADDRESS | 3575 PALMER DR | 2.3 STREET ADDRESS | 988 Sarazen Drive |
| CITY-ST-ZIP | TITUSVILLE FL | 2.4 CITY-ST-ZIP | Rockledge, FL 32955 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLIS, WM G | 3.2 NAME | Frank Glenn |
| STREET ADDRESS | 1420 MERCURY ST | 3.3 STREET ADDRESS | 1621 Cocoa Bay Blvd |
| CITY-ST-ZIP | MERRITT ISLAND FL | 3.4 CITY-ST-ZIP | Cocoa, FL 32926 |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALONE, GEORGE E | 4.2 NAME | |
| STREET ADDRESS | 1707 GOLFVIEW DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKLEDGE FL | 4.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, WM. ROBERT | 5.2 NAME | |
| STREET ADDRESS | 3845 CATALINA ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TITUSVILLE FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

WM Robert Young **WM Robert Young** 2/20/96 407/631-6910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)