

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90076 013 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # C10396

1. Corporation Name

BREVARD COMMANDERY NO. 24, KNIGHTS TEMPLAR

Principal Place of Business

COCOA YORK RITE BODIES
40 CARMALT ST
COCOA FL 32922
US

Mailing Address

COCOA YORK RITE BODIES
PO BOX 1061
CAPE CANAVERAL FL 32920-1061
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/15/1953

4. FEI Number

59-1804983

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FITCH, DAN
1240 TROPICAL COVE DR
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

WILLIAM C. DREIER

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

4920 KEY LARGO DRIVE

83

84 City

TITUSVILLE

FL

85 Zip Code

32780

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

WILLIAM C. DREIER TREASURER

Jan 27, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GLENN, FRANK
STREET ADDRESS 1621 COCOA BLVD
CITY-ST-ZIP COCOA FL

DELETE

TITLE D
NAME JAMES, GEORGE H
STREET ADDRESS 988 SARAZEN DRIVE
CITY-ST-ZIP ROCKLEDGE FL

DELETE

TITLE D
NAME FITCH, DAN
STREET ADDRESS 1240 TROPICAL COVE DR
CITY-ST-ZIP MERRITT ISLAND FL

DELETE

TITLE T
NAME DREIER, WILLIAM
STREET ADDRESS 4920 KEY LARGO DR
CITY-ST-ZIP TITUSVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

MANNING, DIRECTOR (M)

Change Addition

1.2 NAME

WOLFE, RICHARD A.

1.3 STREET ADDRESS

1600 SANDPIPER DRIVE

1.4 CITY-ST-ZIP

MERRITT ISLAND, FL

32952

2.1 TITLE

DIRECTOR (D)

Change Addition

2.2 NAME

SHAFFER, BARRY R.

2.3 STREET ADDRESS

390 NEWFOUND HARBOR DR

2.4 CITY-ST-ZIP

MERRITT ISLAND, FL

32952

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change Addition

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:

SIGNATURES REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. DREIER

Date

Daytime Phone #

407-383-4266
Jan 27, 1999

CR2E037 (11/98)