

DOCUMENT # C 10396

1. Entity 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
2360 BAL HARBOUR TERRACE
TITUSVILLE, FL 32780
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1804983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DREIER, WILLIAM
4920 KEY LARGO DR
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name BROWN, VIRGIL P. JR
Street Address (P.O. Box Number is Not Acceptable)
2360 BAL HARBOUR TERRACE
City TITUSVILLE FL Zip Code 32780

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.

SIGNATURE VIRGIL P. BROWN, JR SECRETARY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12 April 2002

FILE NOW! FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE MD
NAME WOLFE, RICHARD A.
STREET ADDRESS 1600 SANDPIPER DR
CITY-ST-ZIP MERRITT ISLAND, FL ☒ Delete

TITLE D.
NAME SHAFFER, BARRY R.
STREET ADDRESS 390 NEW FOUND HARBOR DR
CITY-ST-ZIP MERRITT ISLAND, FL ☐ Delete

TITLE T.
NAME DREIER, WILLIAM C.
STREET ADDRESS 4920 KEY LARGO DR
CITY-ST-ZIP TITUSVILLE, FL 32780 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S
NAME BROWN, VIRGIL P. JR
STREET ADDRESS 2360 BAL HARBOUR TERRACE
CITY-ST-ZIP TITUSVILLE, FL 32780 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900005452099--5
CITY-ST-ZIP -05/06/02--01021--006
*****61.25 *****61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D.
NAME HINMAN, PHILLIP R.
STREET ADDRESS 1210 GOLDEN POND LANE
CITY-ST-ZIP ROCKLEDGE, FL 32955 ☐ Change ☒ Addition

TITLE D.
NAME FREE, THEODORE E.
STREET ADDRESS 585 GATEWAY DR.
CITY-ST-ZIP MERRITT ISLAND, FL 32952 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

VIRGIL P. BROWN, JR 12 April 2002 321-269-5969

CR2E037 (9/01)