2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C 10396

1. Entity Name

BREVARD COMMANDERY NO. 24, KNIGHTS TEMPLAR

FILED

02 APR 18 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
COCOA YORK RITE BODIES 40 CARMALT ST COCOA, FL 32922 US	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	7. Name and Address of New Registered Agent
DREIER, WILLIAM 4920 KEY LARGO DR TITUSVILLE, FL 32780	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 — VIRGIL P. BROWN, JR SECRETARY — 12 April 2002

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	MD ☒ Delete	TITLE	S ☐ Change ☒ Addition
NAME	WOLFE, RICHARD A.	NAME	BROWN, VIRGIL P. JR
STREET ADDRESS	1600 SANDPIPER DR	STREET ADDRESS	2360 BAL HARBOUR TERRACE
CITY-ST-ZIP	MERRITT ISLAND, FL	CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHAFFER, BARRY R.	NAME	900005452099--5
STREET ADDRESS	390 NEWFOUND HARBOR DR	STREET ADDRESS	-05/06/02--01021--006
CITY-ST-ZIP	MERRITT ISLAND, FL	CITY-ST-ZIP	*****61.25 *****61.25
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DREIER, WILLIAM G	NAME	
STREET ADDRESS	4920 KEY LARGO DR	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP	
TITLE	D. ☒ Delete	TITLE	D. ☐ Change ☒ Addition
NAME	FITCH, DAN	NAME	HINMAN, PHILLIP R.
STREET ADDRESS	1240 TROPICAL COVE DR	STREET ADDRESS	1210 GOLDEN POND LANE
CITY-ST-ZIP	MERRITT ISLAND, FL	CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	FREE, THEODORE E.
STREET ADDRESS		STREET ADDRESS	585 GATEWAY DR.
CITY-ST-ZIP		CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED — 12 April 2002 — 321-269-5969

CR2E037 (9/01)