## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 01, 2006 8:00 am Secretary of State DOCUMENT # C10396 03-01-2006 90025 037 \*\*\*\*61.25 1. Entity Name BREVARD COMMANDERY NO. 24, KNIGHTS TEMPLAR Principal Place of Business Mailing Address COCOA YORK RITE BODIES 2360 BAL HARBOUR TERRACE COCOA YORK RITE BODIES 40 CARMALT ST COCOA FL 32922 TUTUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1804983 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, VIRGIL P JR. Street Address (P.O. Box Number is Not Acceptable) 2360 BÁL HARBOUR TERRACE TITUSVILLE FL 32780 City Zip Code 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition BROWN, VIRGIL P JR. NAME NAME 2360 BAL HARBOUR TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAUBENHEIMER, BRUCE NAME NAME STREET ADDRESS 136 ST CROIX AVE STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME DREIER, WILLIAM NAME STREET ADDRESS 4920 KEY LARGO DR STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE SILAS MULLINS, 6210 ALLMONT ST. MULLINS, JR FOWLER RODGERS NAME NAME 825 S BAVANA RIVER DR STREET ADDRESS STREET ADORESS CITY-ST-7IP MERRITT ISLAND FL 32954 CITY-ST-ZIP TITLE ☐ Delete TITLE NEVEN. GEORGE 4855 GANDY ROAD STREET ADDRESS STREET ADDRESS MIMS FL 32754 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME

FILED

1201 W 10 2/15/06

STREET ADDRESS

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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

STREET ADDRESS

CITY-ST-ZIP