


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90042 007 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # C10398</b>   |  |
| 1. Entity Name<br><b>ORIENTAL COMMANDERY NO. 9 KNIGHTS TEMPLAR</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>119 RAY MAR DR<br/>ORMOND BCH, FL 32176 US</b> | Mailing Address<br><b>119 RAY MAR DR<br/>ORMOND BCH, FL 32176 US</b> |
|--|--|

**40067670**



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

02062008 Chg-NP CR2E037 (12/06)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

4. FEI Number  
**50-1896867**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><b>ROSENTHAL, HARRY A. JR.<br/>329 BRADDOCK AVE.<br/>DAYTONA BEACH, FL 32118</b> |
|---|

|  |
|--|
| 7. Name and Address of New Registered Agent        |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL 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 the obligations of registered agent.

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

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ECT<br>SCHUCK, WILLIAM<br>726 N. FLORIDA AVE<br>DELAND, FL 32720 <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ROSENTHAL, HARRY A. JR.<br>329 BRADDOCK AVE.<br>DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MOORE, EDWIN B.<br>8 BARBARA CT<br>ORMOND BEACH, FL <input type="checkbox"/> Delete                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ROGERSON, FRANCIS C JR<br>129 OLD CARRIAGE RD<br>PORT ORANGE, FL 321276909 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SR<br>BOGGESE, ROBERT W<br>119 RAY MAR DR<br>ORMOND BCH, FL 32176 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GERALDS, ELMER<br>1 SETTING SUN TRAIL<br>ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ECT<br>SANSOM, DAMON S.<br>1839 NELSON AVE<br>ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **ROBERT W. BOGGESE** **4-10-2008** **386-441-3049**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #