2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90030 008 ****61.25

DOCUMENT # C10402

1. Entity Name
ST. LUCIE COMMANDERY NO. 17, KNIGHTS TEMPLAR

Principal Place of Business	Mailing Address
4850 OLEADNER AVE FORT PIERCE, FL 34951 US	2811 SE JANET ST STUART, FL 34997 US

50000369

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03172008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1813849 — 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
FRIEND, PAUL W 2811 SE JANET ST STUART, FL 34997	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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	R FRIEND, PAUL W 2811 SE JANET ST STUART, FL 34997	☐ Delete	COMMANDER EVANS-BROWN, DAVID 360 WELTON DR. FORT PIERCE, FL 3498	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T THOMPSON, EDWARD S 480 S MARKET AVE FT PIERCE, FL 34982	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	C GREEN, JAMES A 2428 S.W. 18TH COURT OKEECHOBEE, FL	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D EVANS-BROWN, DAVID 360 WELTON DR. FORT PIERCE, FL 34989	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ 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: Paul W. Friend / PAUL W. FRIEND RECORDER 3/17/08 772-260-6404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #