2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10402

FILED Apr 27, 2009 Secretary of State

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

Current Principal Place of Business:	New Principal Place of Business:

4850 OLEADNER AVE

FORT PIERCE, FL 34951 US

Current Mailing Address: New Mailing Address:

2811 SE JANET ST

STUART, FL 34997 US

FEI Number: 59-1813849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRIEND, PAUL W 2811 SE JANET ST STUART, FL 34997 US

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:

Flateria Gianatas of Davidson I Associ

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition

 Title:
 C
 () Delete
 Title:
 C
 (X) Char

 Name:
 EVANS-BROWN, DAVID
 Name:
 PICKFORD, JOHN D

Address: 360 WELTON DR Address: 137 SW EAST DANVILLE CIRCLE
City-St-Zip: FORT PIERCE, FL 34989 City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T () Delete Title: T (X) Change () Addition Name: THOMPSON, EDWARD S Name: THOMPSON, EDWARD S

Address: 480 S MARKET AVE Address: 1574 SW HARBOUR ISLES CIR
City-St-Zip: FT PIERCE, FL 34982 City-St-Zip: PORT ST LUCIE, FL 34986

Title: () Delete Title: R () Change (X) Addition

 Name:
 Name:
 FRIEND, PAUL W

 Address:
 Address:
 2811 SE JANET STREET

 City-St-Zip:
 City-St-Zip:
 STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL W. FRIEND R 04/27/2009