


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90077 039 ****61.25

| | | | | | |
|---|----------------------------|---|--|--|--|
| DOCUMENT # C10404 1. Entity Name CHIPOLA COMMANDERY NO. 22 KNIGHTS TEMPLAR | | | |  | |
| Principal Place of Business 2842 MAGNOLIA BLOSSOM LANE MARIANNA, FL 32446-6394 | | | Mailing Address 2842 MAGNOLIA BLOSSOM LANE MARIANNA, FL 32446-6394 | | |
| 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 59-0344570 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ALMAND, HOWARD W JR 2842 MAGNOLIA BLOSSOM LANE MARIANNA, FL 32446-6394 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D | <input checked="" type="checkbox"/> Delete | TITLE | Tyre, Randall <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TYRE, BURL | | NAME | 7838 Homefront Road | |
| STREET ADDRESS | 7838 HOMEFRONT ROAD | | STREET ADDRESS | Grand Ridge, FL 32442 | |
| CITY-ST-ZIP | GRAND RIDGE, FL 32442 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MOCK, CHARLES | | NAME | | |
| STREET ADDRESS | 2941 SPRING STRET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARIANNA, FL 32446 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TATOM, CHARLES | | NAME | | |
| STREET ADDRESS | P.O. BOX 154 N/A | | STREET ADDRESS | | |
| CITY-ST-ZIP | GREENWOOD, FL 32443 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LAMBE, ARNOLD | | NAME | | |
| STREET ADDRESS | 3488 SPRING HOLLOW DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARIANNA, FL 32446 | | CITY-ST-ZIP | | |
| TITLE | R | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ALMAND, WARREN | | NAME | | |
| STREET ADDRESS | 2842 MAGNOLIA BLOSSOM LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARIANNA, FL 324466394 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BAXTER, ERNEST | | NAME | | |
| STREET ADDRESS | PO BOX 262 | | STREET ADDRESS | | |
| CITY-ST-ZIP | GREENWOOD, FL 324430262 | | 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: H. Warren Almand, Jr. 1/13/05 (850)-482-4809 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> | | | | | |
| <small>Daytime Phone #</small> | | | | | |