

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

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90074 027 ****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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0344570

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

ALMAND, HOWARD W JR
2842 MAGNOLIA BLOSSOM LANE
MARIANNA FL 32446-6394

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	D	<input type="checkbox"/> Delete
NAME	TYRE, RANDALL	
STREET ADDRESS	7838 HOMEFRONT ROAD	
CITY - ST - ZIP	GRAND RIDGE FL 32442	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOCK, CHARLES	
STREET ADDRESS	2941 SPRING STRET	
CITY - ST - ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATOM, CHARLES	
STREET ADDRESS	P.O. BOX 154 N/A	
CITY - ST - ZIP	GREENWOOD FL 32443	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAMBE, ARNOLD	
STREET ADDRESS	3488 SPRING HOLLOW DR	
CITY - ST - ZIP	MARIANNA FL 32446	
TITLE	R	<input type="checkbox"/> Delete
NAME	ALMAND, WARREN	
STREET ADDRESS	2842 MAGNOLIA BLOSSOM LANE	
CITY - ST - ZIP	MARIANNA FL 32446-6394	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAXTER, ERNEST	
STREET ADDRESS	PO BOX 262	
CITY - ST - ZIP	GREENWOOD FL 32443-0262	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4346 Lafayette St.
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Howard W. Almand, Jr.* Howard W. Almand, Jr.

1/19/06