2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# C10404

Entity Name: CHIPOLA COMMANDERY NO. 22 KNIGHTS TEMPLAR

Current Principal Place of Business:

2842 MAGNOLIA BLOSSOM LANE
MARIANNA, FL 324466394

New Principal Place of Business:

Current Mailing Address:

2842 MAGNOLIA BLOSSOM LANE
MARIANNA, FL 324466394

New Mailing Address:

FEI Number: 59-0344570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALMAND, HOWARD W JR
2842 MAGNOLIA BLOSSOM LANE
MARIANNA, FL 324466394 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	TYRE, RANDALL	
Address:	7838 HOMEFRONT ROAD	
City-St-Zip:	GRAND RIDGE, FL 32442	
Title:	D	( ) Delete
Name:	MOCK, CHARLES,	
Address:	4346 LAFAYETTE ST	
City-St-Zip:	MARIANNA, FL 32446	
Title:	D	( ) Delete
Name:	TATOM, CHARLES,	
Address:	P.O. BOX 154 N/A	
City-St-Zip:	GREENWOOD, FL 32443	
Title:	T	( ) Delete
Name:	LAMBE, ARNOLD,	
Address:	3488 SPRING HOLLOW DR	
City-St-Zip:	MARIANNA, FL 32446	
Title:	R	( ) Delete
Name:	ALMAND, WARREN,	
Address:	2842 MAGNOLIA BLOSSOM LANE	
City-St-Zip:	MARIANNA, FL 324466394	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: H. WARREN ALMAND, JR. REC 01/06/2009

Electronic Signature of Signing Officer or Director — Date