

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 11 PM 2:07

DOCUMENT # C10407 (0)  
1. Corporation Name  
ST. JOHNS COMMANDERY NO. 29 KNIGHTS TEMPLAR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2900 W TENTH STREET 2900 W TENTH STREET  
PANAMA CITY FL 32401 PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/15/1953 3a. Date of Last Report 05/11/1994  
4. FEI Number 59-1840054 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 2700 W. 10th ST  
22 City & State 27 Panama City FL  
23 Zip 28 32401 29 Country 30 DAY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOREMAN, RICHARD E  
2700 W. 10TH STR.  
PANAMA CITY FL 32401

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME THOMAS, A D  
STREET ADDRESS 2700 W. 10TH ST. P.  
CITY-ST-ZIP PANAMA CITY FL  
TITLE D  
NAME EMORY JR, DAVID F.  
STREET ADDRESS 2700 W. 10TH ST.  
CITY-ST-ZIP PANAMA CITY FL 32401  
TITLE D  
NAME BEST, ROBT. M.  
STREET ADDRESS 2700 W. 10TH ST.  
CITY-ST-ZIP PANAMA CITY FL 32401  
TITLE T  
NAME BENNETT, ADDISON A  
STREET ADDRESS 2700 W. TENTH ST.  
CITY-ST-ZIP PANAMA CITY FL  
TITLE S  
NAME FOREMAN, RICHARD E  
STREET ADDRESS 2700 W. 10TH ST.  
CITY-ST-ZIP PANAMA CITY FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0021340