

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



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

Mailing Address  
**2700 W 10TH ST  
PANAMA CITY FL 32401  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/15/1953</b>	3a. Date of Last Report <b>04/11/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1840054</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>FOREMAN, RICHARD E 2700 W. 10TH STR. PANAMA CITY FL 32401</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				<b>FL</b>	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	(D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, A D			1.2 NAME	RICHARD L. MILLER		
STREET ADDRESS	2700 W. 10TH ST. P.			1.3 STREET ADDRESS	2700 W 10TH ST		
CITY-ST-ZIP	PANAMA CITY FL			1.4 CITY-ST-ZIP	PANAMA CITY, FL 32401		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	(D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EMORY JR, DAVID F.			2.2 NAME	HARRY R. DAVIS		
STREET ADDRESS	2700 W. 10TH ST.			2.3 STREET ADDRESS	2700 W 10TH ST		
CITY-ST-ZIP	PANAMA CITY FL 32401			2.4 CITY-ST-ZIP	PANAMA CITY, FL 32401		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEST, ROBT. M.			3.2 NAME			
STREET ADDRESS	2700 W. 10TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT, ADDISON A			4.2 NAME			
STREET ADDRESS	2700 W. TENTH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOREMAN, RICHARD E			5.2 NAME			
STREET ADDRESS	2700 W. 10TH ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 on an attachment with an address.

SIGNATURE:

*Richard E. Foreman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*RICHARD E. FOREMAN*

3-9-96

904 763 5345

Date

Daytime Phone #

CR2E037 (12/95)