

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90146 009 ****61.25

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02202005 Chg-NP CR2E037 (10/03)

DOCUMENT # C10407 1. Entity Name ST. JOHNS COMMANDERY NO. 29 KNIGHTS TEMPLAR					
Principal Place of Business 230 MCKENZIE AVE PANAMA CITY, FL 32401			Mailing Address P O BOX 36042 PANAMA CITY, FL 32412 US		
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 54-2145945	
5. Certificate of Status Desired <input type="checkbox"/>				<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	
FOREMAN, RICHARD E 4316 NORTH SHORE RD LYNN HAVEN, FL 32444				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOGAIL, EMIL A		NAME		
STREET ADDRESS	230 MCKENZIE AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RHODES, ROY W		NAME	FRANKLIN T. SELLARS	
STREET ADDRESS	230 MCKENZIE AVE		STREET ADDRESS	230 MCKENZIE AVE	
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, ADDISON A		NAME		
STREET ADDRESS	230 MCKENZIE AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOREMAN, RICHARD E		NAME		
STREET ADDRESS	230 MCKENZIE AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUSKAR, DOUGLAS J		NAME		
STREET ADDRESS	230 MCKENZIE AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: RICHARD E. FOREMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-21-2005 Date		850.832.7760 Daytime Phone #