


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90198 023 ****61.25

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 - No P.O. Box #		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"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOREMAN, RICHARD E 4316 NORTH SHORE RD LYNN HAVEN, FL 32444			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLARS, FRANKLIN T <input checked="" type="checkbox"/> Delete 230 MCKENZIE AVE PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENNETT, ADDISON A <input type="checkbox"/> Delete 230 MCKENZIE AVE PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOREMAN, RICHARD E <input type="checkbox"/> Delete 230 MCKENZIE AVE PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACKINS, KEVIN G <input type="checkbox"/> Delete 230 MCKENZIE AVE PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILIPPI, RICHARD J <input type="checkbox"/> Delete 220 MCKENZIE PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH L. HALL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 230 MCKENZIE AVE PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Richard E. Foreman</i> RICHARD E. FOREMAN 2-29-08 FS-832-7760 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					