2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10407

1. Entity Name



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90194 024 ****61.25

SI. JUH	INS COMMANDERY NO. 29	KNIGHTS TEMPLAR					
Principal Place of Business 5700 DOUGLAS ST PANAMA CITY FL 32404		Mailing Address P O BOX 36042 PANAMA CITY FL 32412 US					
2 Principal	Place of Rusiness	2 Mailing Address					
2. Principal Place of Business		3. Mailing Address		1 188 188 118 118			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MAKING CHA	NGES	
City & State		City & State		4. FEI Number 59	4. FEI Number 59-1840054 Applied For		
Zip	Country	Zip	Country		tus Desired \$8.7	Not Applicable 5 Additional	
	6. Name and Address of Curren	nt Registered Agent			ess of New Registered Agent	Required	
			Name				
	an, richard e Orth shore RD		Street Address (P.O. Box Number is Not Acceptable)		
LYNN H	AVEN FL 32444					······································	
			City		FL Z	p Code	
8. The above	e named entity submits this statement a ations of registered agent.	for the purpose of changing its reg	gistered office or regis	stered agent, or both, in th	e State of Florida. I am familia	r with, and accept	
	ations or registered agent.						
SIGNATURE							
<u> </u>	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Agent signature requ	ired when reinstating)	DATE		
\mathcal{F}_{i}	EU E NOW, EET IC ACT OF	9. Election Campa	ian Financina	\$5.00	Make Cheek Dev		
	FILE NOW: FEE IS \$61.25	Trust Fund Cont		\$5.00 May Be Added to Fees	Make Check Pay Florida Departmen		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	DRS IN 10	
TITLE NAME	D DONALD I	☐ Delete	TITLE		□ CI	hange	
STREET ADDRESS	HEATON, DONALD L 5700 DOUGLAS ST.		NAME STREET ADDRESS			}	
CITY-ST-ZIP	PANAMA CITY FL 32404	_	CITY-ST-ZIP			Ì	
TITLE	D	Delete	TITLE D		☐ CI	nange Addition	
NAME	DAVIS, HARRY R			I W. AHODE	5	Service 1	
STREET ADDRESS CITY-ST-ZIP	5700 DOUGLAS ST. PANAMA CITY FL 32404	والمشكر معصب الماء الداء المستملك م	STREET ADDRESS STREET ADDRESS STREET	10 DOUGLAS	57	= -	
TITLE	T	☐ Delete	TITLE	UMMA CITY	FL 32444	<u> </u>	
NAME	BENNETT, ADDISON A	L) Delete	TITLE NAME		☐ Ch	ange	
STREET ADDRESS	5700 DOUGLAS ST.		STREET ADDRESS			1	
CITY-ST-ZIP	PANAMA CITY FL 32404		CITY-ST-ZIP	_		ł	
TITLE	S PORTION PROPERTY	☐ Delete	TITLE		☐ Ch	ange 🗌 Addition	
NAME STREET ADDRESS	FOREMAN, RICHARD E 5700 DOUGLAS ST.		NAME				
CITY-ST-ZIP	PANAMA CITY FL 32404		STREET ADDRESS CITY-ST-ZIP			1	
TTLE	D	☐ Delete	TITLE		——————————————————————————————————————		
AME	PUSKAR, DOUGLAS J	□ Delete	NAME		☐ Ch	ange	
STREET ADDRESS	5100 DOUGLAS ST		STREET ADDRESS			}	
CITY-ST-ZIP	PANAMA CITY FL 32404		CITY-ST-ZIP			1	
TITLE		☐ Delete	TITLE		☐ Cha	ange	
IAME	I		NAME				
DEFI VUUDEGG	İ					l l	
TREET ADDRESS			STREET ADDRESS 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 poseiver 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 attack ment with an address, with all other like empowered.

SIGNATURE:

850 271-5775