


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90109 040 \*\*\*\*61.25

<b>DOCUMENT # C10411</b>			
1. Entity Name EMMANUEL COMMANDERY NO. 36, KNIGHTS TEMPLAR			
Principal Place of Business 2557 N SPRING GARDEN AVE DELAND, FL 32720 US		Mailing Address <del>PO BOX 681</del> DELAND, FL 32721-1208 US	
2. Principal Place of Business		3. Mailing Address 736 W. Rich Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DeLand FL	
Zip	Country	Zip	Country
32720	USA	32720	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRITCH, RONALD J 736 W. RICH AVE. DELAND, FL 32720		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 <u>Ronald J Fritch, Secy</u>		DATE <u>3/13/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, JOHN A 24016 E. BOBCAT RD. ASTOR, FL 321022616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUCK, WILLIAM 726 N FLORIDA AVE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUETZ, FREDERICK W 1419 DOUGLAS AVENUE DELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULLER, JOHN W 708C E MINNESOTA AVE DELAND, FL 32724 <input checked="" type="checkbox"/> Deleted <u>Deceased</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>John Cox</u> <u>970 Bramble Bush Cir</u> <u>Port Orange, FL 32127</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRITCH, RONALD J 736 W. RICH AVE. DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANFIELD, HESTEL 129 RABUN CT SANFORD, FL 32771 <input type="checkbox"/> Delete	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: <u>Ronald J Fritch, Secy</u>		DATE <u>3/13/06</u> Daytime Phone # <u>386-738-4323</u>	

50002679



02142006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2356187 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

FL Zip Code

3/13/06

Make check payable to  
Florida Department of State

☐ Change ☐ Addition

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