FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 PM 12:03

DOCUMENT # C10412 (0)

1. Corporation Name
SAINT ELMO COMMANDERY NO 42 KNIGHTS TEMPLAR

Principal Place of Business	Mailing Address
BROOKS STREET FT WALTON BEACH FL 32548	P.O. BOX 37 FT. WALTON BEACH FL 32548 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1953
3a. Date of Last Report: 02/02/1994
4. FEI Number: 23-7332111 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HOWARD, WILLIAM A
195 DELUNA ROAD
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DOWNING, LARRY,	1.2 NAME	
STREET ADDRESS	715 BOB SIKES BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CONDREN, RAYMOND J	2.2 NAME	
STREET ADDRESS	103 FORREST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TODD, RICHARD	3.2 NAME	
STREET ADDRESS	7 [illegible] HURST DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	3.4 CITY-ST-ZIP	
	BURTON A.,	4.1 TITLE	☐ Change ☐ Addition
	[illegible]YWOOD BOULEVARD SE	4.2 NAME	
	[illegible]ON BEACH FL 32548	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	[illegible]A	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

This filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under [illegible]ion or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name [illegible] an attachment with an address.

W A Howard 3 Feb 95 904 244-2000
A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071061