

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **C10412** (0)
1. Corporation Name
SAINT ELMO COMMANDERY NO 42 KNIGHTS TEMPLAR



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

3. Date Incorporated or Qualified 06/15/1953	3a. Date of Last Report 02/09/1995
4. FEI Number 23-7332111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent and director (if applicable)

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNING, LARRY,	
STREET ADDRESS	715 BOB SIKES BOULEVARD	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONDREN, RAYMOND J	
STREET ADDRESS	103 FORREST STREET	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TODD, RICHARD	
STREET ADDRESS	7 PINE HURST DR	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVIS, BURTON A.,	
STREET ADDRESS	314 HOLLYWOOD BOULEVARD SE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, WILLIAM A	
STREET ADDRESS	195 DELUNA RD	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William A Howard* 22 Jan 96 904 243 6256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)