

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32549-0037 US
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3. Date Incorporated or Qualified 06/15/1953	3a. Date of Last Report 01/26/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 23-7332111 Applied For 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 type="checkbox"/> No
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNING, LARRY,	1.2 NAME	Mawson, Ernest F
STREET ADDRESS	715 BOB SIKES BOULEVARD	1.3 STREET ADDRESS	729 Heron Circle
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	1.4 CITY-ST-ZIP	Destin FL 32541
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONDREN, RAYMOND J	2.2 NAME	Burkhalter, David
STREET ADDRESS	103 FORREST STREET	2.3 STREET ADDRESS	3775 Peachtree Way
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	Niceville FL 32578
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD, RICHARD	3.2 NAME	Melvin, Robert G
STREET ADDRESS	7 PINE HURST DR	3.3 STREET ADDRESS	520 Shrewsbury Rd
CITY-ST-ZIP	SHALIMAR FL	3.4 CITY-ST-ZIP	Mary Esther FL 32569-1738
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, BURTON A.	4.2 NAME	Relerson, Vernon L
STREET ADDRESS	314 HOLLYWOOD BOULEVARD SE	4.3 STREET ADDRESS	111 Beal Parkway NW
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	4.4 CITY-ST-ZIP	Ft Walton Beach FL 32548
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, WILLIAM A	5.2 NAME	Howard, William A
STREET ADDRESS	195 DELUNA RD	5.3 STREET ADDRESS	195 Deluna Rd
CITY-ST-ZIP	FT WALTON BEACH FL	5.4 CITY-ST-ZIP	Ft Walton Beach FL 32548
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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* DATE: *Apr 97* 904-244-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0074007

CR2E037 (9/96)