

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90094 033 ****61.25

0018629

DOCUMENT # C10412

1. Entity Name

SAINT ELMO COMMANDERY NO 42 KNIGHTS TEMPLAR

Principal Place of Business

Mailing Address

**BROOKS STREET
 FT WALTON BEACH FL 32548**

**195 DELUNA RD SW
 FT. WALTON BEACH FL 32548
 US**

A0007768



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7332111

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D HOWARD, WILLIAM A**
 STREET ADDRESS **195 DELUNA ROAD, SW**
 CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE Delete
 NAME **D MELVIN, ROBERT G**
 STREET ADDRESS **520 SHRESBURY ROAD**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE Delete
 NAME **D PORTER, WILLIS D**
 STREET ADDRESS **17 ALEXANDRIA PL**
 CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE Delete
 NAME **T LILLIE, CHARLES R**
 STREET ADDRESS **212 HOLMES BLVD**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE Delete
 NAME **S HOWARD, WILLIAM A**
 STREET ADDRESS **195 DELUNA RD**
 CITY-ST-ZIP **FT WALTON BEACH FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 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:

William A Howard
WILLIAM A HOWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/01

Date

850-243-6256

Daytime Phone #

CR2E037 (10/00)