

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90013 050 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7332111

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, WILLIAM A	
STREET ADDRESS	195 DELUNA ROAD, SW	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELVIN, ROBERT G	
STREET ADDRESS	520 SHRESBURY ROAD	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PORTER, WILLIS D	
STREET ADDRESS	17 ALEXANDRIA PL	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	T	<input type="checkbox"/> Delete
NAME	LILLIE, CHARLES R	
STREET ADDRESS	212 HOLMES BLVD	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	S	<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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>John M Lewis, John M</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, CHRISTAIN A	
STREET ADDRESS	402 NORTHAMPTON CIR	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/01)