

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10412

FILED
Feb 25, 2009
Secretary of State

Entity Name: SAINT ELMO COMMANDERY NO 42 KNIGHTS TEMPLAR

Current Principal Place of Business:

133 BROOKS STREET
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

330 WOODROW STREET NW
APT 2
FT. WALTON BEACH, FL 32548 US

FEI Number: 23-7332111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HOWARD, WILLIAM A REC
330 WOODROW STREET NW
95 DELUNA ROAD SW
APT 2
FT WALTON BEACH, FL 32547 US

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: WILLIAM A HOWARD

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LILLIE, CHARLES R
Address: 212 HOLMES BLVD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S () Delete
Name: HOWARD, WILLIAM A,
Address: 195 DELUNA RD
City-St-Zip: FT WALTON BEACH, FL

Title: P () Delete
Name: HUGHES, CHRISTAIN A
Address: 402 NORTHHAMPTON CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A HOWARD

S

02/25/2009

Electronic Signature of Signing Officer or Director

Date