

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION •
ANNUAL REPORT
1996



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

DOCUMENT # C10413 (8)

1. Corporation Name

CORTEZ COMMANDERY NO. 44, KNIGHTS TEMPLAR



Principal Place of Business

Mailing Address

13204 MONTOUR ST
SPRING HILL FL 34613
US

13402 MONTOUR ST
SPRING HILL FL 34613
US

3. Date Incorporated or Qualified
06/15/1953

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3055183

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEIM, DALLAS W JR
5 LINDER CIRCLE
HOMOSASSA FL 34446

81 Name

J. WILLIAM KORING

82

Street Address (P.O. Box Number is Not Acceptable)

3442 SANDCASTLE LANE

83

84

City

SPRING HILL

FL

85 Zip Code

34607

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

J. William Koring
Signature, typed or printed name of registered agent and/or applicator.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KORING, WILLIAM J	
STREET ADDRESS	3442 SANDCASTLE LANE	
CITY-STATE-ZIP	SPRING HILL FL 34607	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, GEORGE W	
STREET ADDRESS	11518 TUSCANNY AVE.	
CITY-STATE-ZIP	SPRING HILL FL 34606	
TITLE	R	<input checked="" type="checkbox"/> DELETE
NAME	HEIM, JR., DALLAS W.	
STREET ADDRESS	5 LINDER CIRCLE	
CITY-STATE-ZIP	HOMOSASSA FL 34446	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FICO, SALVATORE R	
STREET ADDRESS	9373 NORTHCLIFFE BLVD	
CITY-STATE-ZIP	SPRING HILL FL 34608	
TITLE	R	<input type="checkbox"/> DELETE
NAME	KORING, J WILLIAM	
STREET ADDRESS	3442 SANDCASTLE LN	
CITY-STATE-ZIP	SPRING HILL FL 34607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	JENSEN, LEROY W. JR.
1.4 CITY-STATE-ZIP	4366 CANDLER AVE. SPRING HILL, FL 34609
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	COLLINGWOOD, ROBERT L.
2.4 CITY-STATE-ZIP	9685 ROYAL RIDGE DR. SPRING HILL, FL 34606
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	HEIM, DALLAS W. JR.
3.4 CITY-STATE-ZIP	5 LINDER CIRCLE HOMOSASSA, FL 34446
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

J. William Koring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

352 596 5379

CR2E037 (12/95)