FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # C10416 (1)

1. Corporation Name

WINTER HAVEN COMMANDERY NO. 37, KNIGHTS TEMPLAR

Principal Place of Business	Mailing Address
2441 BRENT AVE SW WINTER HAVEN FL 33880-2451	2441 BRENT AVE SW WINTER HAVEN FL 33880-2451

3. Date Incorporated or Qualified: 06/15/1953
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1896589 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc	Suite, Apt. #, etc
22	27
City & State	City & State
23	28
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOCKETT, PUAL E
2441 BRENT AVE SW
WINTER HAVEN FL 33880-2451

10. Name and Address of New Registered Agent

81 Name: HOCKETT, PAUL E.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] PAUL E. HOCKETT S — April 24, 1995
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.	Officers and Directors	13.	Additions/Changes	Change	Addition
TITLE	D	1 1 TITLE		☐	☐
NAME	ROLLINS III, B. HOLLOWAY	1 2 NAME			
STREET ADDRESS	126 LAKE SEARS DR. SW	1 3 STREET ADDRESS			
CITY ST ZIP	WINTER HAVEN FL 33880	1 4 CITY ST ZIP			
TITLE	D	2 1 TITLE		☐	☐
NAME	ZEROLA, FRANK A	2 2 NAME			
STREET ADDRESS	4210 SHADOW WOOD DR.	2 3 STREET ADDRESS			
CITY ST ZIP	WINTER HAVEN FL	2 4 CITY ST ZIP			
TITLE	D	3 1 TITLE	D	☒	☐
NAME	HERRAULT, ROBERT	3 2 NAME	NILES Jr, CHARLES F.		
STREET ADDRESS	116-14TH STREET, S	3 3 STREET ADDRESS	21 CYPRESS RUN		
CITY ST ZIP	SEBRING FL	3 4 CITY ST ZIP	HAINES CITY FL 33844-9698		
TITLE	T	4 1 TITLE		☐	☐
NAME	KRAMER, ARNOLD R	4 2 NAME			
STREET ADDRESS	163 BONNIE DR	4 3 STREET ADDRESS			
CITY ST ZIP	AUBURNDALE FL	4 4 CITY ST ZIP			
TITLE	S	5 1 TITLE		☐	☐
NAME	HOCKETT, PAUL E	5 2 NAME			
STREET ADDRESS	2441 BRENT AVE SW	5 3 STREET ADDRESS			
CITY ST ZIP	WINTERHAVEN FL	5 4 CITY ST ZIP			
TITLE		6 1 TITLE		☐	☐
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 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: [signature] PAUL E. HOCKETT — 4-24-95 — (813) 293-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058511