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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # C10416 (1)

1. Corporation Name

WINTER HAVEN COMMANDERY NO. 37, KNIGHTS TEMPLAR

Principal Place of Business

163 BONNIE DR
AUBURNDALE FL 33823-2720
US

Mailing Address

2441 BRENT AVE SW
WINTER HAVEN FL 33880-2451



3. Date Incorporated or Qualified
06/15/1953

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 220 ED PADGETT RD.

Suite, Apt. #, etc.

22 City & State
23 LAKE LAND FL

24 Zip 33809

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State
28

Zip

Country

4. FEI Number
59-1896589

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

HOCKET, PAUL E
2441 BRENT AVE SW
WINTER HAVEN FL 33880-2451

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HILT, NORMAN L
STREET ADDRESS 1 GARDEN WAY
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☒ DELETE

NAME NILES, CHARLE F JR
STREET ADDRESS 21 CYPRESS RUN
CITY-ST-ZIP HAINES CITY FL

TITLE DS ☒ DELETE

NAME KRAMER, ARNOLD R
STREET ADDRESS 163 BONNIE DR
CITY-ST-ZIP AUBURNDALE FL

TITLE T ☒ DELETE

NAME WHEPLEY, RUSSELL CP
STREET ADDRESS 134 JANA CIRCLE
CITY-ST-ZIP AUBURNDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME CHARLES M. COOK
1.3 STREET ADDRESS PO BOX 381
1.4 CITY-ST-ZIP LAKE HAMILTON FL 33851--381

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME DONALD J. BUTLER Jr
2.3 STREET ADDRESS 3737 US HWY 27 N. B14
2.4 CITY-ST-ZIP HAINES CITY FL 33844-8843

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME B. HOLLOWAY ROLLINS III
3.3 STREET ADDRESS 126 LAKE SEARS DR. SW
3.4 CITY-ST-ZIP WINTER HAVEN FL 33880

4.1 TITLE S ☐ Change ☒ Addition

4.2 NAME GILROY F. BRUBAKER
4.3 STREET ADDRESS PO BOX 91546
4.4 CITY-ST-ZIP LAKE LAND FL 33804-1546

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME HILT, NORMAN L
5.3 STREET ADDRESS 1 GARDEN WAY
5.4 CITY-ST-ZIP WINTER HAVEN FL 33880

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)