

FILE NOW: FILING FEE IS \$61.25

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May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10416

1. Corporation Name

Winter Haven Commandery No. 37, Knights Templar

Principal Place of Business

Mailing Address

MASONIC TEMPLE  
375 Ave A. S.E.  
Winter Haven FL 33880  
U.S.

2441 BRENT AVE SW  
WINTER HAVEN FL  
33880-2451

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 163 BONNIE DR.

23 City & State

27 City & State

24 Zip Country

28 AUBURNDALE FL

25

29 33823-2720 30 U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/15/1953

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

ARNOLD R. KRAMER

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

163 BONNIE DRIVE

83

84 City

AUBURNDALE

FL

85 Zip Code

33823-2720

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 ARNOLD R. KRAMER

Signature, typed or printed name of registered agent and title of applicant

Arnold R. Kramer

(NOTE: Registered Agent signature required when registering)

April 20, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	NORMAN L. HILT	
STREET ADDRESS	1 GARDEN WAY	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	D	DELETE
NAME	DONALD J. BUTLER JR	
STREET ADDRESS	3737 US HWY 27 N. #B-14	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	D	DELETE
NAME	JACK P. RICKELS	
STREET ADDRESS	617 WEXFORD COURT	
CITY-ST-ZIP	WINTER HAVEN, FL 33884-1149	
TITLE	T	DELETE
NAME	BROOK HOLLOWAY ROWINS III	
STREET ADDRESS	126 LAKE SEARS DR. S.W.	
CITY-ST-ZIP	WINTER HAVEN, FL 33880-1227	
TITLE	S	DELETE
NAME	GILROY F. BRUBAKER	
STREET ADDRESS	220 ED PADGET RD.	
CITY-ST-ZIP	LAKEBLAND, FL 33809	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEPHEN D. PINER	
1.3 STREET ADDRESS	51 STRAPMORE DR.	
1.4 CITY-ST-ZIP	HAINES CITY, FL 33844-6208	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ARNOLD R. KRAMER	
2.3 STREET ADDRESS	163 BONNIE DR.	
2.4 CITY-ST-ZIP	AUBURNDALE, FL 33823-2720	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002526391	
6.3 STREET ADDRESS	-05/18/98--01003--016	
6.4 CITY-ST-ZIP	***61.25	

14. 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 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: Arnold R. Kramer ARNOLD R. KRAMER April 20, 1998 941-962-8853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Daytime Phone #

CR2E037 (10/97)