

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90067 036 ****61.25

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DOCUMENT # C10416

1. Corporation Name

WINTER HAVEN COMMANDERY NO. 37, KNIGHTS TEMPLAR

Principal Place of Business

MASONIC TEMPLE
375 AVE A SE
WINTER HAVEN FL 33880
US

Mailing Address

163 BONNIE DR
AUBURNDALE FL 33823-2720



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/15/1953

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1896589

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, ARNOLD R
163 BONNIE DR
AUBURNDALE FL 33823-2720

81 Name

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

83

84 City

FL

85 Zip Code

14 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 ☐ DELETE
NAME PINER, STEPHEN
STREET ADDRESS 51 STRAPMORE DR
CITY-ST-ZIP HAINES CITY FL 33844-6208

TITLE ☒ DELETE
NAME KRAMER, ARNOLD R
STREET ADDRESS 163 BONNIE DR
CITY-ST-ZIP AUBURNDALE FL 33823-2720

TITLE ☒ DELETE
NAME BUTLER, JR D J
STREET ADDRESS 3737 US HWY 27 N B14
CITY-ST-ZIP HAINES CITY FL

TITLE ☒ DELETE
NAME RICKELS, JACK P
STREET ADDRESS 617 WEXFORD CT
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ DELETE
NAME BRUBAKER, GILROY F
STREET ADDRESS 220 ED PADGET RD
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Director Robert Herrault
1.3 STREET ADDRESS 116 14th Street S.
1.4 CITY-ST-ZIP Sebring, FL 33829-9644

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Director Jack P. Rickels
2.3 STREET ADDRESS 617 Wexford Ct
2.4 CITY-ST-ZIP Winter Haven, FL 33880

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Treasurer B. Holloway Rollins III
3.3 STREET ADDRESS 126 Lake Seaws Drive SW
3.4 CITY-ST-ZIP Winter Haven, FL 33880-1227

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Arnold R. Kramer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 1/18/99 DATE
DAYTIME PHONE #: 941-962-8953 DAYTIME PHONE #

CR2E037 (11/98)