

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90377 011 ****70.00

DOCUMENT # C10457

1. Entity Name

PALM BEACH COMMANDERY NO. 18 KNIGHTS TEMPLAR



Principal Place of Business

**1836 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33409-3513**

Mailing Address

**P.O. BOX 33286
PALM BEACH GARDENS FL 33420**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0656335

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BILES, JOHN E.
243 E. TALL OAKS CIRCLE
PALM BEACH GARDENS FL 33410**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Delete
NAME **ALLEN, JOHN**
STREET ADDRESS **1291 ESSEX DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **C** ☒ Change ☐ Addition
NAME **DEMENT DAVID E.**
STREET ADDRESS **2555 PGA BLVD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **S** ☒ Delete
NAME **DEMENT, DAVID E**
STREET ADDRESS **2555 PGA BLVD**
CITY-ST-ZIP **PALM BEACH GDNS FL 33410**

TITLE **S** ☒ Change ☐ Addition
NAME **ALLEN JOHN**
STREET ADDRESS **1291 ESSEX DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **T** ☐ Delete
NAME **BILES, JOHN E**
STREET ADDRESS **243 E TALL OAKS CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John E. Biles, John E. Biles Treasurer

04.14.04 561 627 1024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #