

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90390 031 ****61.25

DOCUMENT # C920000000004

1. Entity Name

OCALA COMMANDERY NO. 19, KNIGHTS TEMPLAR

Principal Place of Business

Mailing Address

5871 SE BASE LINE ROAD
BELLEVIEW FL 34420
US

P.O. BOX 2234
OCALA FL 34478
US

2. Principal Place of Business

3. Mailing Address

PO Box 292

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEICANTO FL

Zip

Country

34460

USA

4. FEI Number

65-0482964

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

FREUND, W.J.
2321 NE 45TH ST
OCALA FL 34479

Name

APONTE, David A.

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

6620 W. CONSTITUTION LANE

City Homosassa

FL

Zip Code 34448

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, DAVID R	
STREET ADDRESS	8653 CR 624A	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EHLERS, EDWARD W.	
STREET ADDRESS	P.O BOX 156 N/A	
CITY-ST-ZIP	WEIRSDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAROTTA, ANTHONY J JR	
STREET ADDRESS	675 N HEATHROW DRIVE	
CITY-ST-ZIP	LEICANTO FL 34461	
TITLE	R	<input checked="" type="checkbox"/> Delete
NAME	FREUND, WILLIAM J.	
STREET ADDRESS	2321 N.E. 45TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOFFETT, RICHARD H	
STREET ADDRESS	3579 FOXWOOD LANE	
CITY-ST-ZIP	INVERNESS FL 34452-8819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Hughey	
STREET ADDRESS	P.O. Box 416	
CITY-ST-ZIP	Nableton, FL 34661-0416	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitchell, Steve	
STREET ADDRESS	828 NE 51st Ave	
CITY-ST-ZIP	OCALA, FL 34470-0811	
TITLE	R	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APONTE, David	
STREET ADDRESS	6620 W. CONSTITUTION LANE	
CITY-ST-ZIP	Homosassa, FL 34448	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rudman, James P.	
STREET ADDRESS	8545 E. Keating Park St.	
CITY-ST-ZIP	FLORAL CITY, FL 34430-2802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

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