



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90284 017 ****61.25

DOCUMENT # C92000000004					
1. Entity Name OCALA COMMANDERY NO. 19, KNIGHTS TEMPLAR					
Principal Place of Business 5871 SE BASE LINE ROAD BELLEVIEW, FL 34420 US			Mailing Address P.O. BOX 292 LECANTO, FL 34460 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0482964	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
APONTE, DAVID A 6620 W CONSTITUTION LANE HOMOSASSA, FL 34448				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, STEVE		NAME	MUNDREANU, LUCIAN B	
STREET ADDRESS	828 NE 51ST AVE		STREET ADDRESS	8820 E. PONY LANE	
CITY- ST- ZIP	OCALA, FL 344700811		CITY- ST- ZIP	FLORAL CITY, FL 334363859	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, STEVE		NAME	PADRON JR., MICHAEL A.	
STREET ADDRESS	828 NE 51ST AVE		STREET ADDRESS	3728 Paula Ave.	
CITY- ST- ZIP	OCALA, FL 344700811		CITY- ST- ZIP	Key West, FL 33040	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGRES, BENJAMIN		NAME		
STREET ADDRESS	2215 ASHLEY COURT		STREET ADDRESS		
CITY- ST- ZIP	OCALA, FL 344718381		CITY- ST- ZIP		
TITLE	R	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APONTE, DAVID		NAME		
STREET ADDRESS	6620 W CONSTITUTION LANE		STREET ADDRESS		
CITY- ST- ZIP	HOMOSASSA, FL 34448		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDMAN, JAMES P		NAME		
STREET ADDRESS	8545 E KEATING PARK ST		STREET ADDRESS		
CITY- ST- ZIP	FLORAL CITY, FL 344362802		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDREANU, LUCIAN B		NAME		
STREET ADDRESS	8820 E. PONY LANE		STREET ADDRESS		
CITY- ST- ZIP	FLORAL CITY, FL 334363859		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: 			3/5/2005 (352)621-4639 <small>Date Daytime Phone #</small>		