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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 FEB 15 PM 3:13

DOCUMENT # C92000000006 (1)

1. Corporation Name
LIVE OAK COMMANDERY NO. 11, KNIGHTS TEMPLAR

Principal Place of Business	Mailing Address
%VICTOR E CANNON RT 2 BOX 292 LIVE OAK FL 32060-9684	%VICTOR E CANNON RT 2 BOX 292 LIVE OAK FL 32060-9684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1953
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-3187942 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 MAYO MASONIC LODGE	26 JAMES S. FOSTER
Suite, Apt. #, etc. 22 US 27 E	Suite, Apt. #, etc. 27 P.O. Box 840
City & State 23 MAYO, FLORIDA	City & State 28 STEINHATCHEE, FL
Zip / Country 24 32066 / 25 USA	Zip / Country 29 32359 / 30 USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CANNON, VICTOR E. RT 2 BOX 292 SKEEN RD LIVE OAK FL 32060-9684	81 Name: JAMES S. FOSTER 82 Street Address (P.O. Box Number is Not Acceptable): 913 CENTRAL AVE E. 83 PO BOX 840 84 City: STEINHATCHEE FL 85 Zip Code: 32359

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James S Foster JAMES S. FOSTER RECORDER 2/9/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent Signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANNON, VICTOR E RT 2 BOX 292 LIVE OAK FL 32060-9684	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D CAUSEY, REYNOLD PO BOX 43 N/A DAY, FL 32013	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDERS, CHARLES A RT. 1 BOX 736 PERRY FL 32347	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D WILLIAMS, CARL RTH BOX 416 PERRY, FL 32347	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRUNIER, BERNARD P.O. BOX 263 N/A LEE FL 32059	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D WINBURN, WAYNE RT 2 BOX 250 MAYO, FL 32066	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TEAGLE, I R 509 S PINE AVE LIVE OAK FL 32060	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T MCK, DONALD 103 EL MATADOR PERRY, FL 32347	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	R REES, HERBERT J P.O. BOC 205 N/A LIVE OAK FL 32060	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	R FOSTER, JAMES S. 913 CENTRAL AVE STEINHATCHEE, FL 32359	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James S. Foster JAMES S. FOSTER 2/9/95 904-498-2317
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Sec/Recorder

000232A