


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # C92000000006 (1)

1. Corporation Name

LIVE OAK COMMANDERY NO. 11, KNIGHTS TEMPLAR



Principal Place of Business	Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
MAYO MASONIC LODGE US 27 E MAYO FL 32066 US	JAMES S. FOSTER P O BOX 840 STEINHATCHEE FL 32359-0840 US	06/15/1953	01/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3187942	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOSTER, JAMES S 913 CENTRAL AVE E P O BOX 840 STEINHATCHEE FL 32359	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, CHARLES	1.2 NAME	CT THOMPSON, TROY
STREET ADDRESS	RT 1 BOX 736 N/A	1.3 STREET ADDRESS	FRT 3 BOX 792
CITY-ST-ZIP	PERRY FL	1.4 CITY-ST-ZIP	MAYO FL 32066-9498
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CARL	2.2 NAME	BERNARD PRUNIER, BERNARD
STREET ADDRESS	RT 4 BOX 416 N/A.	2.3 STREET ADDRESS	PO BOX 263
CITY-ST-ZIP	PERRY FL	2.4 CITY-ST-ZIP	LEE FL 32059-0263
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINBURN, WAYNE	3.2 NAME	
STREET ADDRESS	RT 3 BOX 250 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCK, DONALD	4.2 NAME	
STREET ADDRESS	103 EL MATADOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	4.4 CITY-ST-ZIP	
TITLE	R	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, JAMES S	5.2 NAME	
STREET ADDRESS	913 CENTRAL AVE E	5.3 STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: James S. Foster JAMES S. FOSTER 2/1/97 362-498-2317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0009240

CR2E037 (9/96)