

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C93000000006

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: PLANT CITY COMMANDRY NO. 6 KNIGHTS TEMPLAR

**Current Principal Place of Business:**

% OLIN S. WRIGHT MASONIC TEMPLE  
304 ACACIA STREET  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

533 SCHUETTE RD  
PLANT CITY, FL 33567

**New Mailing Address:**

FEI Number: 59-1811819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILLESPIE, LARRY R  
533 SCHUETTE ROAD  
PLANT CITY, FL 33567 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STEELE, THOMAS L  
Address: 1107 PINEDALE DRIVE  
City-St-Zip: PLANT CITY, FL 335666819

Title: D ( ) Delete  
Name: MASON, DAVID J  
Address: 519 AVOCADO CIRCLE  
City-St-Zip: BRANDON, FL 33510

Title: S ( ) Delete  
Name: GILLESPIE, LARRY R  
Address: 533 SCHUETTE ROAD  
City-St-Zip: PLANT CITY, FL 335671783

Title: D ( ) Delete  
Name: FORD, JIM  
Address: 2206 PARKWOOD DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: COLLINS, THOMAS  
Address: 350 MOOLIGHT DRIVE  
City-St-Zip: BROOKSVILLE, FL 346021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY GILLESPIE

S

04/29/2007

Electronic Signature of Signing Officer or Director

Date