2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # C93000000018

1. Entity Name
BARTOW COMMANDERY NO. 15, KNIGHTS Ttemplar

Principal Place of Business	Mailing Address
915 MCLEOD ST BARTOW, FL 33830	915 MCLEOD ST BARTOW, FL 33830

04202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0433020
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, JOE K
915 MCLEOD ST
BARTOW, FL 33830

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UD000032512 9
04/23/05-80003-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	HOLLAND, BENNJAMIN J
STREET ADDRESS	1165 N MILL AVE
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	HERNANDEZ, ROBERT
STREET ADDRESS	2055 S. FLORAL AVE
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	HACHER, JACK
STREET ADDRESS	1822 SUZANNE LANE
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	MOORE, TIMOTHY
STREET ADDRESS	5728 PIPES ROAD
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	S
NAME	WEST, JOE K
STREET ADDRESS	915 MCLEOD ST
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joe K West 4-20-05 863/533-9498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joe K. West, Recorder