
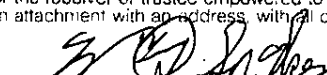


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # C93000000022</b> 1. Entity Name <b>MELITA COMMANDERY NO. 35, KNIGHTS TEMPLAR</b>					
Principal Place of Business <b>J. DEWEY HAWKINS LODGE 555 NE 42 COURT OAKLAND PARK FL 33334</b>			Mailing Address <b>WILLIAM D. SPIKER 1546 N.E. 17TH WAY FT LAUDERDALE FL 33304-1335</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0450746</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SPIKER, WILLIAM D 1546 N.E. 17TH WAY FT. LAUDERDALE FL 33304</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> Zip Code	
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. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW FEE IS \$61.25</b> <b>Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, SYDNEY		NAME		
STREET ADDRESS	2111 NW 76TH AVE		STREET ADDRESS		
CITY- ST- ZIP	MARGATE FL 33063		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREELAND, ANTHONY V		NAME		
STREET ADDRESS	2175 NW 2ND CT		STREET ADDRESS		
CITY- ST- ZIP	HOLLYWOOD FL 33029		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINDER, MICHAEL		NAME		
STREET ADDRESS	405 S. FEDERAL HWY. #300		STREET ADDRESS		
CITY- ST- ZIP	POMPANO BEACH FL 33062		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIKER, WILLIAM D		NAME		
STREET ADDRESS	1546 N.E. 17TH WAY		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33304		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, EMIL S		NAME		
STREET ADDRESS	6300 NW 20TH STREET		STREET ADDRESS		
CITY- ST- ZIP	MARGATE FL 33063-2315		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					
<b>SIGNATURE:</b>  <b>William D. SPIKER</b> 2/8/2008      954-357-6174					

