## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010580

Entity Name: THE MILITARY COMMANDERY, INC.

FILED Jan 04, 2007 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

7020 HALF MOON CIRCLE #305 7020 HALF MOON CIRCLE HYPOLUXO, FL 33462

#305

HYPOLUXO, FL 33462

**Current Mailing Address: New Mailing Address:** 

7020 HALF MOON CIRCLE #305 7020 HALF MOON CIRCLE

HYPOLUXO, FL 33462 #305

HYPOLUXO, FL 33462

FEI Number: 74-3192155 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SHAFER, JONATHAN S SHAFER, JONATHAN S PRES 7020 HALF MOON CIRCLE #305 7020 HALF MOON CIRCLE

HYPOLUXO, FL 33462 HYPOLUXO, FL 33462 US

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: JONATHAN S. SHAFER 01/04/2007

Electronic Signature of Registered Agent Date

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

(X) Change ( ) Addition () Delete

MURPHY, JAMES B III MURPHY, JAMES B III Name: Name: 116 DESOTA RD Address: 116 DESOTA RD Address:

City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: WEST PALM BEACH, FL 33405 US

(X) Change ( ) Addition Title: () Delete Title: Name: BUXTON, JOHN C Name: MOORE, ROBERT H

Address: 4483 LAKE TAHOE CIRCLE Address: 790 ANDREWS AVE..301C City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: DELRAY BEACH, FL 22483 US

Title: () Delete Title: (X) Change ( ) Addition

KARMAN, JAMES A NICOLETTI, PAUL J Name: Name: 110 SEASPRAY AVE 5863 GLEN EAGLE WAY Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: STUART, FL 34997 US

Title: C (X) Delete Title: () Change () Addition Name:

MOORE, REID F Name: 1801 S FLAGLER DRIVE #901 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN S. SHAFER **PRES** 01/04/2007