

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011622

**Entity Name:** IDRIS TEMPLE #239 A.E.A.O.N.M.S. INC

**Current Principal Place of Business:**

307 DATES AVE  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

P.O. BOX 3055  
FORT WALTON BEACH, FL 32549 US

**FEI Number: 81-2010265**

**Certificate of Status Desired: Yes**

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

CROMARTIE, RAYMOND JR  
744 RANDALL ROBERTS RD  
FORT WALTON BEACH, FL 32547 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name CROMARTIE, RAYMOND JR  
Address P.O. BOX 3055  
City-State-Zip: FORT WALTON BEACH FL 32549

Title DT  
Name JENNINGS, EDGAR W  
Address P.O. BOX 3055  
City-State-Zip: FORT WALTON BEACH FL 32549

Title D  
Name DOYLE, JEFFREY C I  
Address P.O. BOX 3055  
City-State-Zip: FORT WALTON BEACH FL 32549

Title DVP  
Name ANDERSON, WILLIAM D  
Address P.O. BOX 3055  
City-State-Zip: FORT WALTON BEACH FL 32549

Title DS  
Name WILSON, WILLIE L JR  
Address P.O. BOX 3055  
City-State-Zip: FORT WALTON BEACH FL 32549

Title DIRECTOR  
Name GREENWOOD, TRAVIS F  
Address 307 DATES AVE  
City-State-Zip: FORT WALTON BEACH FL 32548

*I hereby 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 all other like empowered.*

**SIGNATURE: EDGAR JENNINGS JR**

**TREASURER**

**03/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date