

2016 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: No****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, WILLIEM L JR
Address	P.O. BOX 3055
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	DIRECTOR
Name	RONNIE, MORRIS A
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: RONNIE MORRIS**DIRECTOR****04/20/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date