

2014 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10390

Entity Name: COEUR DE LION COMMANDRY NO. 1, KNIGHTS TEMPLAR**Current Principal Place of Business:**189 W. AIRPORT BLVD
PENSACOLA, FL 32505**Current Mailing Address:**189 W. AIRPORT BLVD
PENSACOLA, FL 32505 US**FEI Number:** 23-7618329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACOBS, WILLIAMS R
4057 SHERIDAN DR
PACE, FL 32571 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	SECRETARY
Name	JACOBS, WILLIAMS R
Address	4057 SHERIDAN DR
City-State-Zip:	PACE FL 32571

Title	DIRECTOR
Name	LOWNDES, ADRIAN T
Address	5925 LAWSON LN
City-State-Zip:	MILTON FL 32570

Title	DIRECTOR
Name	NAUMOWICZ, RONALD D
Address	3976 DEERWOOD CIR
City-State-Zip:	PACE FL 32571

Title	TREASURER
Name	KIRTLEY, CARL G
Address	9807 LOQUAT DR
City-State-Zip:	PENSACOLA FL 32506

Title	DIRECTOR
Name	PAULCHEK, WILLIAM R SR.
Address	7451 LANIER DR
City-State-Zip:	PENSACOLA FL 32504

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: WILLIAMS R JACOBS**SECRETARY****04/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date