

2019 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, WILLIAM R
8605 EIGHT MILE CREEK RD
PENSACOLA, FL 32526 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:** WILLIAM R JACOBS

03/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name JACOBS, WILLIAM R
Address 8605 EIGHT MILE CREEK RD
City-State-Zip: PENSACOLA FL 32526

Title DIRECTOR
Name VEST, HASKELL R JR.
Address 6891 BROCAO CT
City-State-Zip: NAVARRE FL 32566

Title DIRECTOR
Name MEISTER, JEFFERY W SR.
Address 1600 GOVERNORS DR
APT 911
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name DRAEVING, JAMES E
Address 2003 ALFRED BLVD.
City-State-Zip: NAVARRE FL 32566

Title TREASURER
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: WILLIAM R. JACOBS

SECRETARY

03/07/2019

Electronic Signature of Signing Officer/Director Detail

Date