

**2023 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

04/14/2023

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 TREASURER  
Name PAULCHEK, WILLIAM R SR.  
Address 5273 WESTWIND CIR.  
City-State-Zip: PENSACOLA FL 32526

Title DIRECTOR  
Name THIERGART, OTTO E.  
Address 9195 GULF BEACH HWY.  
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR  
Name WILSON, DWIGHT A  
Address 1450 CACAO LN  
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR  
Name ECKOLS, ROBERT J  
Address 3900 CREIGHTON RD  
SUITE 1  
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**

04/14/2023

Electronic Signature of Signing Officer/Director Detail

Date