

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90045 003 ****61.25

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DOCUMENT # 709223					
1. Entity Name YORK RITE BODIES OF LAKELAND, INC.					
Principal Place of Business 141 SHADOW LANE LAKELAND, FL 33813 US			Mailing Address 141 SHADOW LANE LAKELAND, FL 33813 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1879996	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YOUNG, DUANE B. 141 SHADOW LANE LAKELAND, FL 33813			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>DUANE B. YOUNG S/D</u>				DATE <u>3/26/05</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, DUANE B.		NAME		
STREET ADDRESS	141 SHADOW LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 338133594		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANIER, CHARLES R.		NAME		
STREET ADDRESS	621 GRIFFIN ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZIEGLER, FLOYD		NAME		
STREET ADDRESS	535 PALMEDEEN DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 338033827		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MACDONALD, JAMES W.		NAME	ALLEN, WILBUR R.	
STREET ADDRESS	220 CORDOBA COURT		STREET ADDRESS	2130 E. F. GRIFFIN ROAD	
CITY-ST-ZIP	MERRITT ISLAND, FL		CITY-ST-ZIP	BARTOW, FL. 33830	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change
NAME	CAPPS, CHARLES A.		NAME	BRIGMAN, ROBERT G.	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	1910 ELM ROAD, E		STREET ADDRESS	P. O. BOX 312	
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAUGH, JOHN H		NAME		
STREET ADDRESS	4710 VALLEY HILL CT.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 338132329		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Duane B. Young</u>			DUANE B. YOUNG S/D		3/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
					863-646-6695