


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90063 049 ****61.25

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent YOUNG, DUANE B. 141 SHADOW LANE LAKELAND FL 33813	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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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.	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS YOUNG, DUANE B. 141 SHADOW LANE LAKELAND FL 33813-3594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD LANIER, CHARLES R. 621 GRIFFIN ROAD LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ZIEGLER, FLOYD 535 PALMEDEN DR LAKELAND FL 33803-3827	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ALLEN, WILBUR R 2130 E F GRIFFIN RD BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD BRIGMAN, ROBERT G P O BOX 312 LAKE ALFRED FL 33850	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD ZIEGLER, FLOYD 535 W PALMEDEN DRIVE LAKELAND, FL 33803-3827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD PAUGH, JOHN H. 4710 VALLEY HILL DRIVE LAKELAND, FL 33813-2279	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.
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SIGNATURE: <u><i>Duane B. Young</i></u>	863-446-6695
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