
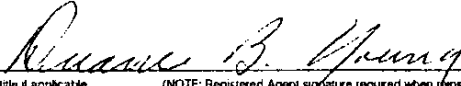
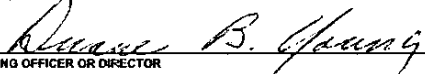


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90022 042 ****61.25

DOCUMENT # 709223					
1. Entity Name YORK RITE BODIES OF LAKE LAND, INC.					
Principal Place of Business 141 SHADOW LANE LAKE LAND, FL 33813 US		Mailing Address 141 SHADOW LANE LAKE LAND, FL 33813 US			
2. Principal Place of Business - No P.O. Box # 1106 EAST MAIN STREET		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE LAND, FL.		City & State		4. FEI Number 59-1879996	
Zip 33801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, DUANE B. 141 SHADOW LANE LAKE LAND, FL 33813			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 DUANE B. YOUNG				DATE	
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, 2008		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	LAKE LAND, 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	LAKE LAND, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, FLOYD		NAME		
STREET ADDRESS	535 PALMEDEN DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND, FL 338033827		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, WILBUR R		NAME		
STREET ADDRESS	2130 E F GRIFFIN RD		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUGH, JOHN H		NAME	BRIGMAN, ROBERT G.	
STREET ADDRESS	4710 VALLEY HILL DR		STREET ADDRESS	P. O. BOX 321	
CITY-ST-ZIP	LAKE LAND, FL 338132279		CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE	PD	<input checked="" 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	LAKE LAND, FL 338132329		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: DUANE B. YOUNG				863-646-6695	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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