

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10403 (9)
1. Corporation Name
LAKELAND COMMANDERY NO. 21, KNIGHT TEMPLARS

Principal Place of Business

1106 E. MAIN STREET
LAKELAND FL 33801

Mailing Address

% NEAL E. PERFECT
1164 WATERVIEW BLVD. EAST
LAKELAND FL 33801
US



3. Date Incorporated or Qualified
06/15/1953

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-1811052

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERFECT, NEAL E
1164 WATERVIEW BLVD EAST
LAKELAND FL 33801

81 Name
DUANE B. YOUNG

82 Street Address (P.O. Box Number is Not Acceptable)
141 SHADOW LANE

83

84 City
LAKELAND

FL

85 33813

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Neale E. Perfect
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PAUGH, JOHN H	
STREET ADDRESS	4710 VALLEY HILL CT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, DUANE B.	
STREET ADDRESS	141 SHADOW LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAPPS, CHARLES A	
STREET ADDRESS	1910 ELM ROAD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	NEWSOME, JACK R	
STREET ADDRESS	1554 FERN ROAD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PERFECT, NEAL E	
STREET ADDRESS	1164 WATERVIEW BLVD E	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NEIL C. MAKAL	
1.3 STREET ADDRESS	609 Holt Circle	
1.4 CITY-ST-ZIP	WINTER HAVEN FL 33880	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAPPS, CHARLES A	
3.3 STREET ADDRESS	1910 Elm Road	
3.4 CITY-ST-ZIP	LAKELAND FL 33801	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM F. WYLLIE	
4.3 STREET ADDRESS	2404 CLEVELAND HEIGHTS BLVD	
4.4 CITY-ST-ZIP	LAKELAND FL 33803	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Neale E. Perfect
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-665-4494

Date

Daytime Phone #

CR2E037 (12/95)