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Sep 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/15/1953
4. FEI Number 59-1811052
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	28 Zip
25 Country	29 Country
30	

9. Name and Address of Current Registered Agent
**YOUNG, DUANE B.
141 SHADOW LANE
LAKELAND FL 33813**

10. Name and Address of New Registered Agent	
81 Name NEAL E. PERFECT	
82 Street Address (P.O. Box Number is Not Acceptable) 1164 WATERVIEW BLVD, E	
83	
84 City LAKEALND	85 Zip Code FL 33801-6748

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 Neal E. Perfect DATE 1/15/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHOEMAKER, JACK E 803 WATER OAK DRIVE WINTER HAVEN FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, DUANE B. 141 SHADOW LANE LAKELAND FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CAPPS, CHARLES A. 1910 ELM ROAD LAKELAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WYLLIE, WILLIAM F. 2404 CLEVELAND HEIGHTS BKVD LAKELAND F
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PERFECT, NEAL E 1164 WATERVIEW BLVD E LAKELAND FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP SHOEMAKER, JACK E 803 WATER OAK DRIVE WINTER HAVEN FL 33880
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DT CAPPS, CHARLES A. 1910 ELM ROAD LAKELAND FL 33801
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DV PRUITT, THOMAS C. 5934 VELVET LOOP LAKELAND FL 33811
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CR2E037 (10/97)