

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90111 004 \*\*\*\*61.25

**DOCUMENT # C10403**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 141 SHADOW LANE

27 Suite, Apt. #, etc.

28 LAKELAND FL

29 Zip 30 Country

3. Date Incorporated or Qualified

06/15/1953

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

9. Name and Address of Current Registered Agent

PERFECT, NEAL E  
1164 WATERVIEW BLVD E  
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name  
DUANE B. YOUNG

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

83

84 City  
LAKELAND

FL

85 Zip Code  
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 signature required when reinstating)

4/9/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME SHOEMAKER, JACK E  
STREET ADDRESS 803 WATER OAK DRIVE  
CITY-ST-ZIP WINTER HAVEN FL 3880 ☒ DELETE

TITLE Dp  
NAME YOUNG, DUANE B.  
STREET ADDRESS 141 SHADOW LANE  
CITY-ST-ZIP LAKELAND FL 33813 ☐ DELETE

TITLE DT  
NAME CAPPS, CHARLES A.  
STREET ADDRESS 1910 ELM ROAD  
CITY-ST-ZIP LAKELAND FL 33801 ☐ DELETE

TITLE DV  
NAME PRUITT, THOMAS C  
STREET ADDRESS 5934 VELVET LOOP  
CITY-ST-ZIP LAKELAND FL 33811 ☒ DELETE

TITLE DS  
NAME PERFECT, NEAL E  
STREET ADDRESS 1164 WATERVIEW BLVD E  
CITY-ST-ZIP LAKELAND FL 33801 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D  
SHOEMAKER, JACK E.  
803 WATER OAK DRIVE  
WINTER HAVEN FL 33880 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

DV  
WILLIAM F. WYLLIE  
1204 CLEVELAND HEIGHTS BLVD  
LAKELAND FL 33803 ☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

DS  
ROBERT B. HISTED SR  
925 LK HOLLINGSWORTH DRIVE  
LAKELAND FL 33803 ☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

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

NEAL E. PERFECT, RA 1/11/99

Date

941-665-4494

Daytime Phone #

CR2E037-(11/98)