## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # C10403**

1. Entity Name

## LAKELAND COMMANDERY NO. 21, KNIGHT TEMPLARS



**FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90144 015 \*\*\*\*61.25

STREET ADDRESS P.O BOX 312 STREET ADDRESS CITY-ST-ZIP LAKE ALFRED FL 33850 CITY-ST-ZIP			•				<b>1000</b>	3/						
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    City & State   City & State   City & State    City & State   City & State   City & State    Zo   Country   Zo   Country   S. Certificate of Status Desired   S8.75 Australiance   File Required    File Required    7. Name and Address of New Registered Agent    YOUNG, DUANE B   141 SHADOW IN   LAKE AND FI. 33813    Street Address (Po. Box Number is Not Acceptable)    City   FL   Zo Code    Street Address (Po. Box Number is Not Acceptable)    City   FL   Zo Code    Street Address (Po. Box Number is Not Acceptable)    File Now: FEE IS \$61.25    9. Election Campaign Financing   That Fund Contribution   DA Address of Official   I am familiar width, and accept the obligations of registered agent are stell applicable.    FILE NOW: FEE IS \$61.25    9. Election Campaign Financing   That Fund Contribution   DA Address (Po. Box Number is Not Acceptable)    Make Check Payable to   Florida Department of State   That Fund Contribution   DA Address (Po. Box Number is Not Acceptable)    Make Check Payable to   Florida Department of State   DP   BRIGMAN, ROBERT G   PO BOX 312   STRET ADDRESS   PO BOX 312   STRET ADDRESS   PO BOX 312   STRET ADDRESS   PO BOX 313   DA CAPPS, CHARLES A   STRET ADDRESS   111   SHADOW LANE   STRET ADDRESS   112   DA CAPPS, CHARLES A   STRET ADDRESS   113   SHADOW LANE   STRET ADDRESS   114   SHADOW LANE   STRET ADDRESS   STRET ADDRESS	1106 E. MAIN STREET				141 SHADOW IN LAKELAND FL 33813-3594						1114 <b>- 1</b> 1214 - <b>1</b> 1244	*****	·Bil billi 1881	
City & State    City & State   City & State   City & State   Country   Zp   Country   Sp. 1811052   Application   PART Applicable	2. Principal F	Place of Busin	ess	3. Maili	ng Address									
Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Austranual Fee Regulators   S8.75	Suite, Apt. #, etc. Si				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  YOUNG, DUANE B 141 SHADOW LN LAKELAND FL 33813  City  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address of Current Registered Agent  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  Street Address (P	City & State				City & State				4. FEI Number 59-1811052					
FILE NOW: FEE IS \$61.25  POPICIES AND DIRECTORS  TO BRIGHAM, ROBERT G  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGHAM, ROBERT G  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO STATE A  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10  TO BRIGH ADDITIONS CHANGES	Zip Country Zi					ıntry					<b>8.75</b> Ad	Additional		
Name		6. Name	and Address of Current R	egisterec	Agent				7. Name and Addre	ss of New Red		····		┨
LAKELAND FL 33813  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Added to Feese Florida Department of State  Trust Fund Contribution. Added to Feese Florida Department of State  10. OFFICERS AND DIRECTORS  Trust Fund Contribution. Added to Feese Florida Department of State  10. OFFICERS AND DIRECTORS  Trust Fund Contribution. Added to Feese Florida Department of State  10. OFFICERS AND DIRECTORS  Trust Fund Contribution. Added to Feese Florida Department of State  10. OFFICERS AND DIRECTORS  Trust Fund Contribution. Added to Feese Florida Department of State  10. OFFICERS AND DIRECTORS IN 10  The BRIGHAMN, ROBERT G  BRIGHAMN, ROBERT G  BRIGHAMN, ROBERT G  BRIGHAMN, ROBERT G  BRIGH ADDRESS  TRUST ADDRESS  10. Deale Trust ADDRESS  10. STATE ADDRESS  10. DAY 312  LAKE ALFRED FL 33850  Deale Trust ADDRESS  11. STATE ADDRESS  11			***************************************				Name	<del></del>		•				1
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 Florids. I am familiar with, and accept the obligations of registered agent.    Signature, typed or private name of registered speed and stell applicable.   NOTE Projectived Agent agenture requirement agent and stell applicable.   NOTE Projectived Agent agenture requirement agent and stell applicable.   NOTE Projectived Agent agenture requirement agent and stell applicable.   NOTE Projectived Agent agenture requirement agent ag	141 SHA	DOW LN	<b>.</b>				Street Addr	ess (	P.O. Box Number is No	t Acceptable)				   
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Common	LANELAN	1D FE 330 I	,				City				FL	Zip Cod	de	-
SIGNATURE    Signature speed or printed name of registered agent and title if explicable. (NOTE: Registered Agent agronum required when renotating)   DATE	9. The above	named antitu	cubmits this statement for t	ha nuraa	na of changing its	-aainta-	ad affina as sas	-1-1		- Ctata of Elasia				4
Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    DP	-		-	d title if applic	cable. (NOTE	: Registere	d Agent signature re	equired	when reinstating)		DATE			
TITLE DP BRIGMAN, ROBERT G	·	FILE NOW	: FEE IS \$61.25				· -		\$5.00 May Be Added to Fees					
MANE STREET ADDRESS OTTY-ST-ZIP  MANE STREET ADDRESS STREET ADDRES	10.		OFFICERS AND DIRE	CTORS		11.		-	ADDITIONS/CHANGES	TO OFFICERS	AND DIRE	CTORS II	V 10	1
NAME STREET ADDRESS 141 SHADOW LANE LAKELAND FL-33813	NAME STREET ADDRESS	BRIGMAN P.O BOX	312		☐ Delete	nam Stre	E Et address				[	Change	☐ Addition	100/05/
NAME STREET ADDRESS CITY-ST-ZIP  LAKELAND FL 33813-2379  NAME STREET ADDRESS CITY-ST-ZIP  LAKELAND FL 33813-2379  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	YOUNG, E	OW LANE	,, - <del></del> -	☐ Delete	NAM. STRE	E Et address	~ *		٠ س	[	Change	Addition	8
WYLLIE, WILLIAM F  1204 CLEVELAND HEIGHTS BLVD  LAKELAND FL 33803  CITY-ST-ZIP  D  PAUGH, JOHN H  4710 VALLEY HILL COURT  LAKELAND FL 33813-2379  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change  Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	NAME STREET ADDRESS	CAPPS, C 1910 ELM	ROAD		☐ Delete	NAMI STRE	ET ADDRESS				[	_ Change	Addition	
NAME STREET ADDRESS LAKELAND FL 33813-2379  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition Addition STREET ADDRESS CITY-ST-ZIP  CTY-ST-ZIP	NAME Street address	WYLLIE, V 1204 CLE	VELAND HEIGHTS BLVD		☐ Delete	nami Strei	ET ADDRESS				[	Change	Addition	
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	IAME Street address	PAUGH, J 4710 VALI	EY HILL COURT		☐ Delete	NAME Strei	ET ADDRESS				ĵ	_ Change	Addition	
	NAME STREET ADDRESS CITY-ST-ZIP	weifing the sea all		ia Eli		NAME STREE CITY-	ET ADDRESS ST-ZIP							

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:

863-646-6695