

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90095 048 ****61.25

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| DOCUMENT # N04000003870 | | | | | |
| 1. Entity Name LAKELAND COMMANDERY NO.21, KNIGHT TEMPLARS, INC. | | | | | |
| Principal Place of Business 141 SHADOW LANE LAKELAND, FL 33813-3594 | | | Mailing Address 1106 EAST MAIN STREET LAKELAND, FL 33801 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03252005 Chg-NP CR2E037 (10/03) | |
| City & State | | City & State | | 4. FEI Number 59-1811052 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| YOUNG, DUANE B 141 SHADOW LANE LAKELAND, FL 33813-3594 | | | Name Street Address (P.O. Box Number is Not Acceptable) 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 3/26/05 | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | D BRIGMAN, ROBERT G P.O. BOX 312 LAKE ALFRED, FL 33850 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D ALLEN, WILBUR R. 2130 E. F. GRIFFIN ROAD BARTOW, FL 33830 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD YOUNG, DUANE 141 SHADOW LANE LAKELAND, FL 33813594 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CAPPS, CHARLES A 1910 ELM ROAD LAKELAND, FL 33801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D CAPPS, CHARLES A. 2286 GARDEN CHASE DRIVE LAKELAND, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ALLEN, WILBUR R 2130 EF GRIFFIN ROAD BARTOW, FL 33830 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D BRIGMAN, ROBERT G. P. O. BOX 312 LAKE ALFRED, FL 33850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PAUGH, JOHN H 4710 VALLEY HILL COURT LAKELAND, FL 338132379 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUBBARD, ROBERT E. 116 SHELLEY DRIVE SE WINTER HAVEN, FL 33884-2327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. 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 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: <i>Duane B. Young</i> DUANE B. YOUNG S/D 3/26/05 | | | | 863-646-6695 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |