

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90022 043 \*\*\*\*61.25

<b>DOCUMENT # N04000003870</b> 1. Entity Name <b>LAKELAND COMMANDERY NO.21, KNIGHT TEMPLARS, INC.</b>					
Principal Place of Business <b>141 SHADOW LANE LAKELAND, FL 33813-3594</b>			Mailing Address <b>1106 EAST MAIN STREET LAKELAND, FL 33801</b>		
2. Principal Place of Business - No P.O. Box # <b>1106 EAST MAIN STREET</b>		3. Mailing Address <b>141 SHADOW LANE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LAKELAND, FL</b>		City & State <b>LAKELAND, FL</b>		4. FEI Number <b>59-1811052</b>	
Zip <b>33801</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33801</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>YOUNG, DUANE B 141 SHADOW LANE LAKELAND, FL 33813-3594</b>				7. Name and Address of New Registered Agent :  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 <b>DUANE B. YOUNG</b>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	PD	NAME	NEWSOME, JACK R	TITLE	PD
STREET ADDRESS	1554 FERN RD	NAME	ELLIS, DR. JOHN B.	STREET ADDRESS	2328 HOLLINGSWORTH HILL AVE
CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	SD	NAME	YOUNG, DUANE	TITLE	
STREET ADDRESS	141 SHADOW LANE	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 338133594	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD	NAME	ELLIS, JOHN B DR	TITLE	VD
STREET ADDRESS	2328 HOLLINGSWORTH HILL AVE	STREET ADDRESS	116 SHELLEY DRIVE SE	STREET ADDRESS	WINTER HAVEN, FL 33884
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	TD	NAME	ZIEGLER, FLOYD	TITLE	
STREET ADDRESS	535 WEST PALMETTO DR	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D	NAME	HUBBARD, ROBERT E	TITLE	D
STREET ADDRESS	116 SHELLEY DR SE	STREET ADDRESS	3784 VERNA COURT	STREET ADDRESS	LAKELAND, FL 33813
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** **DUANE B. YOUNG**  **863-646-6695**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #