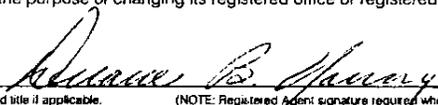
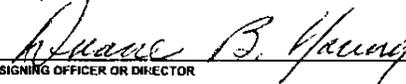


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # N04000003870</b>					
1. Entity Name 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		40043606	
2. Principal Place of Business - No P.O. Box # 1106 EAST MAIN STREET		3. Mailing Address 141 SHADOW LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKELAND, FL		City & State LAKELAND, FL		02112008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1811052		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33801	Country USA	Zip 33813-3594	Country USA		
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	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWSOME, JACK R		NAME	ELLIS, DR. JOHN B.	
STREET ADDRESS	1554 FERN RD		STREET ADDRESS	2328 HOLLINGSWORTH HILL AVE	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DUANE		NAME		
STREET ADDRESS	141 SHADOW LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 338133594		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, JOHN B DR		NAME	HUBBARD, ROBERT E.	
STREET ADDRESS	2328 HOLLINGSWORTH HILL AVE		STREET ADDRESS	116 SHELLEY DRIVE SE	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	WINTER HAVEN. FL 33884	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, FLOYD		NAME		
STREET ADDRESS	535 WEST PALMETTO DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, ROBERT E		NAME	GERDOM, FREDERICK R.	
STREET ADDRESS	116 SHELLEY DR SE		STREET ADDRESS	3784 VERNA COURT	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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 #	