## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400003870

FILED Mar 26, 2009 Secretary of State

Entity Name: LAKELAND COMMANDERY NO.21, KNIGHT TEMPLARS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1106 EAST MAIN STREET LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** 141 SHADOW LANE LAKELAND, FL 338133549 FEI Number: 59-1811052 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YOUNG, DUANE B 141 SHADOW LANE LAKELAND, FL 338133594 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition NEWSOME, JACK R GERDOM, FREDERICK R Name: Name: 1554 FERN RD Address: 3704 VERNA COURT Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33812 Title: SD Title: SD (X) Change ( ) Addition ( ) Delete YOUNG, DUANE Name: YOUNG, DUANE B Name: Address: 141 SHADOW LANE Address: 141 SHADOW LANE City-St-Zip: LAKELAND, FL 338133594 City-St-Zip: LAKELAND, FL 338133594 Title: VD () Delete Title: () Change () Addition ELLIS, JOHN B DR Name: Name: 2328 HOLLINGSWORTH HILL AVE Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: (X) Change ( ) Addition Title: TD ( ) Delete Title: TD ZIEGLER, FLOYD Name: Name: ZIEGLER, FLOYD 535 WEST PALMETTO DR Address: Address: 535 WEST PALMEDEN DR City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33803 Title: () Delete Title: (X) Change ( ) Addition HUBBARD, ROBERT E HUBBARD, ROBERT E Name: Name: 116 SHELLEY DR SE 116 SHELLEY DR. SE Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33884 Title: (X) Delete Title: () Change () Addition ELLIS, JOHN B DR.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DUANE B. YOUNG DS 03/26/2009

2328 HOLLINGSWORH HILL AVE.

LAKELAND, FL 33803

Name:

Address:

City-St-Zip: