

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUL -3 AM 9:14

DOCUMENT # N38399

(4)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

LAND O' LAKES PAL, INC.

Principal Place of Business

Mailing Address

BOX 1072
LAND O' LAKES FL 34639

BOX 1072
LAND O' LAKES FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1990

3a. Date of Last Report

04/05/1994

4. FEI Number

59-3027842

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under a 1993 Act
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, SYLVIA K.
5319 VILLAGE LN
LAND O' LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name LOU ANN Rourke-Weir
82 Street Address (P.O. Box Number is Not Acceptable) 5123 SWALLOW DRIVE
83 City LAKES
84 State FL 85 Zip Code 34639

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and will accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Lou Ann Rourke-Weir

DATE Registered Agent Signature must be dated

June 21, 1995

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ED
2. NAME ROURKE-WEIR, LOU ANN
3. STREET ADDRESS 5123 SWALLOW DR
4. CITY, ST, ZIP LAND O' LAKES FL

1. TITLE AD
2. NAME WEIR, MIKE
3. STREET ADDRESS 5123 SWALLOW DRIVE
4. CITY, ST, ZIP LAND O' LAKES FL

1. TITLE CC
2. NAME GANELL, DUNN
3. STREET ADDRESS 4303 LONGSHORE DR
4. CITY, ST, ZIP LAND O' LAKES FL

1. TITLE S
2. NAME MILLER, SYLVIA K.
3. STREET ADDRESS 5319 VILLAGE LN
4. CITY, ST, ZIP LAND O' LAKES FL

1. TITLE T
2. NAME RICHARDSON, MICHELLE
3. STREET ADDRESS 22760 PENNY LOOP
4. CITY, ST, ZIP LAND O' LAKES FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1-12)

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE *CHEERLEADING COORDINATOR*
3.2 NAME *Cheri Piaster*
3.3 STREET ADDRESS *20052 Somerset Acres Lane*
3.4 CITY, ST, ZIP *SPRING HILL, FLORIDA 34610*

4.1 TITLE *SECRETARY*
4.2 NAME *TERRY VICKERS*
4.3 STREET ADDRESS *3015 LAKE PADGETT DRIVE*
4.4 CITY, ST, ZIP *LAND O' LAKES, FLORIDA 34639*

5.1 TITLE *TREASURER*
5.2 NAME *PATTY CLARKE*
5.3 STREET ADDRESS *4810 TOWER ROAD*
5.4 CITY, ST, ZIP *LAND O' LAKES, FLORIDA 34639*

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Lou Ann Rourke-Weir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 21, 1995 (813) 996-4592