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**Mar 06, 1999 8:00 am**  
**Secretary of State**

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0060396

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000005679**

1. Corporation Name

**LAKELAND DIAMONDS, GIRLS FASTPITCH SOFTBALL, INC**

Principal Place of Business

POST OFFICE BOX 5800  
LAKELAND FL 33807

Mailing Address

POST OFFICE BOX 5800  
LAKELAND FL 33807



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/14/1993

4. FEI Number

59-3215446

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

9. Name and Address of Current Registered Agent

KILPATRICK, LINDA  
5911 MYRTLE HILL DR WEST  
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name **Reese, Rand**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5888 Lk. Victoria Pl.**  
83  
84 City **Lakeland** **FL** 85 Zip Code **33813**

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REESE, RAND	
STREET ADDRESS	5888 LK VICTORIA PL	
CITY-ST-ZIP	LAKELAND 33813	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DONAHAY, DEBBIE	
STREET ADDRESS	6924 RANCH RD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BENSON, KIM	
STREET ADDRESS	2130 PARKER RD	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KILPATRICK, LINDA	
STREET ADDRESS	5911 MYRTLE HILL DR W	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VPD Georges, Bob</b>
2.3 STREET ADDRESS	<b>3454 Sh. 107 shadow Ln.</b>
2.4 CITY-ST-ZIP	<b>Lakeland FL 33813</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>STD Dynes, Donna J.</b>
3.3 STREET ADDRESS	<b>3454 Christina Groves Cr. N.</b>
3.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Connally, Marilyn</b>
4.3 STREET ADDRESS	<b>5710 Deer Flag Dr.</b>
4.4 CITY-ST-ZIP	<b>Lakeland FL 33811</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99 941 670 4097

Date

Daytime Phone #

CR2E037 (11/98)