

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0087026

DOCUMENT # N00000003830

1. Entity Name

LAKELAND HOUSING AUTHORITY RESIDENT ADVISORY AS
SOCIATION OF THE HOUSING AUTHORITY OF THE CITY OF



FILED

03 MAY 27 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

430 S. HARTSELL AVE
LAKELAND FL 33815

Mailing Address

430 S. HARTSELL AVE
LAKELAND FL 33815

2. Principal Place of Business

501 Hartsell Ave #70

3. Mailing Address

501 Hartsell Ave #70

Suite, Apt. #, etc.

Apt # 70

Suite, Apt. #, etc.

Apt # 70

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33815-4552

Country

Polk

Zip

33815-4552

Country

Polk

4. FEI Number 59-3650798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYNES, EARL
430 S. HARTSELL AVE
LAKELAND FL 33815

7. Name and Address of New Registered Agent

Name Earl Haynes

Street Address (P.O. Box Number is Not Acceptable)
430 Hartsell Ave.

City Lakeland

FL

Zip Code 33815

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | SAMDERS, DOROTHY | |
| STREET ADDRESS | 2626 N FLORIDA AVE | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BLACK, STELLA | |
| STREET ADDRESS | 501 S HARTSELL AVE | |
| CITY-ST-ZIP | LAKELAND FL 33815 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | JOHNSON, ENGA | |
| STREET ADDRESS | 501 S HARTSELL AVE | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MCGEE, NITA | |
| STREET ADDRESS | 501 HARTSELL AVENUE | |
| CITY-ST-ZIP | LAKELAND FL 33815 | |
| TITLE | SAD | <input checked="" type="checkbox"/> Delete |
| NAME | GRIFFIN, BRENDA | |
| STREET ADDRESS | 1919 WEST 10TH STREET APT #49 | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lillie Brown | |
| STREET ADDRESS | 501 Hartsell Ave #61 | |
| CITY-ST-ZIP | Lakeland FL 33815-4552 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 400019875084 | |
| STREET ADDRESS | 05/27/03--01061--006 **\$61.25 | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tonda Jiles | |
| STREET ADDRESS | 1919 West 10th St #3 | |
| CITY-ST-ZIP | Lakeland, FL 33801 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Sergeant-at-Arms | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dorothy Hundley | |
| STREET ADDRESS | 1919 West 10th St #41 | |
| CITY-ST-ZIP | Lakeland, FL 33801 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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: *Stella Black*

5-8-03 (063) 413-0465

CR2E037 (10/02)