

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90196 004 ****61.25

DOCUMENT # 701334 1. Entity Name THE LAKE REGION UNITARIAN FELLOWSHIP INC					
Principal Place of Business 3140 TROY AVENUE LAKELAND, FL 33803			Mailing Address 3140 TROY AVENUE LAKELAND, FL 33803		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40001768  01082006 Chg-NP CR2E037 (11/05)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0556234				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUM, ROBERT H 3140 TROY AVE LAKELAND, FL 33803			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BODE, JOYCE L 4906 COLONNADES CIRCLE E LAKELAND, FL 33811 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HULL, CAROL 149 E. HAMPTON DRIVE AUBURNDALE, FL 33823 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEDMAN, SHAWN 1416 EASTON DRIVE LAKELAND, FL 33803 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLITZ, LAWERENCE 3527 HIGHLAND FAIRWAYS BLVD LAKELAND, FL 33810 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Treasurer Parent, MARY 1834 Stoncrest Court Lakeland, FL 33813 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DAVIS, KENNETH E 563 PETREL CIRCLE LAKELAND, FL 33809 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Mary P Parent</u> <u>MARY P. PARENT</u> <u>1-8-06</u> <u>863 619-9828</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					