2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# 701334

Entity Name: THE LAKE REGION UNITARIAN FELLOWSHIP INC

Current Principal Place of Business:

3140 TROY AVENUE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

3140 TROY AVENUE
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 65-0556234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUM, ROBERT H
3140 TROY AVE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: BODE, JOYCE L
Address: 4906 COLONNADES CIRCLE E
City-St-Zip: LAKELAND, FL 33811

Title: D ( ) Delete
Name: HULL, CAROL
Address: 149 E. HAMPTON DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete
Name: HEDMAN, SHAWN
Address: 1416 EASTON DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: T ( ) Delete
Name: PARENT, MARY
Address: 1834 STONECREST CT.
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: DAVIS, KENNETH E
Address: 563 PETREL CIRCLE
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEHMANN, ELAINE
Address: 422 CASSANDRA CIRCLE
City-St-Zip: LAKELAND, FL 33809

Title: D (X) Change ( ) Addition
Name: BAUM, DIANE
Address: 1045 CUMBERLAND STREET
City-St-Zip: LAKELAND, FL 33801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: BODE, JOYCE L
Address: 4906 COLONNADES CIRCLE E.
City-St-Zip: LAKELAND, FL 33811

Title: D (X) Change ( ) Addition
Name: GROVE, MARY
Address: 2227 NOTTINGHAM RD
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JOYCE L. BODE T 04/04/2007
Electronic Signature of Signing Officer or Director — Date