

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # 704551

1. Entity Name
LOLA MANN MEMORIAL FUND



Principal Place of Business
**1501 S. FLORIDA AVE.
LAKELAND, FL 33803**

Mailing Address
**1501 S. FLORIDA AVE.
LAKELAND, FL 33803**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6131211

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MUNSON, PETER J.
1501 S. FLORIDA AVE.
LAKELAND, FL 33803**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MUNSON, PETER J.
STREET ADDRESS 1340 EASTON DR.
CITY-ST-ZIP LAKELAND, FL 33803

TITLE VD
NAME DRAKE, FRANCIS D.
STREET ADDRESS 1108 HUNT AVENUE
CITY-ST-ZIP LAKELAND, FL

TITLE SD
NAME MUNSON, SUZANNE
STREET ADDRESS 1340 EASTON DR
CITY-ST-ZIP LAKELAND, FL 33803

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STREET ADDRESS
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U00000691919
04/13/07-80030-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter J. Munson
PETER J. MUNSON

4/2/07
Date

863-680-9908
Daytime Phone #