2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707293

FILED Apr 07, 2009 Secretary of State

Entity Name: IMPERIAL POLK OBEDIANCE CLUB OF LAKELAND, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 3611 CENTURY BLVD. LAKELAND, FL 33811 US **Current Mailing Address: New Mailing Address:** P.O. BOX 5455 LAKELAND, FL 338075455 US FEI Number: 23-7301674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINDEMANN, LAURA D 541 YOUNG PLACE LAKELAND, FL 33803 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RITZ. GWENDOLYN WASHBURN, SUSAN Name: Name: 1051 WEST CANAL DRIVE Address: P O BOX 258 Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: KATHLEEN, FL 33849 () Delete Title: PD Title: (X) Change () Addition LIBBERTON, JANE Name: ROBERT, WITHERS Name: Address: 3313 EVELYN LAKE DRIVE Address: 1033 MORNING STAR DRIVE City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: LAKELAND, FL 33810 Title: () Delete Title: (X) Change () Addition LINDEMANN, LAURA SWANICK, ADRIENNE Name: Name: 541 YOUNG PLACE Address: Address: 5701 BROOK LOOP City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33811 () Delete Title: Title: () Change () Addition Name: ILSE, CARL Name: Address: P.O. BOX 90936 Address: City-St-Zip: LAKELAND, FL 33804 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition WOLFGANG, JENNIFER Name: Name: BABICZ, BECKY 11721 PALM AVE. 3550 CREWS LAKE DRIVE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: LAKELAND, FL 33813 Title: () Delete Title: () Change () Addition DOERR, DOUG Name: Name: Address: 6405 BRAHMAN DRIVE Address: LAKELAND, FL 33810 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN P. WASHBURN TD 04/07/2009