FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:48

DOCUMENT # 709659 (7)

1. Corporation Name
VOLUNTEER BOOSTERS OF GREATER LAKELAND, INC.

Principal Place of Business	Mailing Address
P.O. BOX 621 KATHLEEN FL 33849	P.O. BOX 621 KATHLEEN FL 33849

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1965
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2739523 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VANN, RAY
4912 PILGRIM LN
LAKELAND FL 33809

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ROTH, MIKE	1.2 NAME	
STREET ADDRESS	905 HAMMOCK SHADE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	FLETCHER, EDDIE	2.2 NAME	MARTELLO, RODNEY
STREET ADDRESS	1520 CREEKWOOD RUN	2.3 STREET ADDRESS	1228 BONNIE GLEN ST.
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	VPD	3.1 TITLE	VPD ☒ Change ☐ Addition
NAME	SHADD, LARRY	3.2 NAME	JAMES CALLAHAN, JR.
STREET ADDRESS	125 WILPER RD	3.3 STREET ADDRESS	13315 MISTI LOOP
CITY-ST-ZIP	LAKELAND, FL 00000	3.4 CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	VPD	4.1 TITLE	VPD ☒ Change ☐ Addition
NAME	TAYLOR, TAMMI	4.2 NAME	JOANN ROTH
STREET ADDRESS	5346 1ST ST NW	4.3 STREET ADDRESS	905 HAMMOCK SHADE DR
CITY-ST-ZIP	LAKELAND, FL 00000	4.4 CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	VANN, RAY	5.2 NAME	
STREET ADDRESS	4912 PILGRIM LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	CLAY, CARRIE	6.2 NAME	
STREET ADDRESS	5805 BAMBI DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ray Vann RAY VANN 1-23-95 863-4609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066860