

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90019 039 ****61.25

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DOCUMENT # 709659

1. Corporation Name

VOLUNTEER BOOSTERS OF GREATER LAKELAND, INC.

Principal Place of Business

P.O. BOX 621
KATHLEEN FL 33849

Mailing Address

P.O. BOX 621
KATHLEEN FL 33849



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/27/1965

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2739523

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANN, RAY
1227 BONNIE-GLENN ST
LAKELAND FL 33810

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME SMITH, CAROL
STREET ADDRESS 13420 MOORE RD
CITY-ST-ZIP LAKELAND, FL 00000 33809 ☐ DELETE

1.1 TITLE VPD
1.2 NAME JOSEPH FAIOLA
1.3 STREET ADDRESS 3635 RAULERSON RD
1.4 CITY-ST-ZIP LAKELAND, FL 33810 ☐ Change ☒ Addition

TITLE P
NAME MARTELLO, RODNEY
STREET ADDRESS 1228 BONNIE GLEN ST
CITY-ST-ZIP LAKELAND FL ☒ DELETE

2.1 TITLE SD
2.2 NAME NICK DESANDELO
2.3 STREET ADDRESS 1231 BONNIE GLEN ST
2.4 CITY-ST-ZIP LAKELAND, FL 33810 ☐ Change ☒ Addition

TITLE VPD
NAME CALLAHAN, JR. J
STREET ADDRESS 13315 MISTI LOOP
CITY-ST-ZIP LAKELAND FL ☒ DELETE

3.1 TITLE VPD
3.2 NAME MATTHEW GROTHE, SR.
3.3 STREET ADDRESS 1528 WATSON OAKS CT.
3.4 CITY-ST-ZIP LAKELAND, FL 33809 ☐ Change ☒ Addition

TITLE VPD
NAME DUNCAN, JEFF
STREET ADDRESS 1117 HAMMOCK SHADE DR
CITY-ST-ZIP LAKELAND FL 33809 ☒ DELETE

4.1 TITLE THOMAS S. SASSER
4.2 NAME PD
4.3 STREET ADDRESS 5510 PEEBOW RD.
4.4 CITY-ST-ZIP LAKELAND, FL 33810 ☐ Change ☒ Addition

TITLE T
NAME VANN, RAY
STREET ADDRESS 4912 PILGRIM LN
CITY-ST-ZIP LAKELAND, FL 00000 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)