

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90032 050 ****61.25

DOCUMENT # 710204

1. Entity Name

FLORIDA'S LIGHT AND LIFE PARK, INC.



Principal Place of Business

5602 DEESON ROAD
LAKELAND FL 33810
US

Mailing Address

5602 DEESON ROAD
LAKELAND FL 33810
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1710366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHIPPLE, JEAN
5602 DEESON RD.
LAKELAND FL 33810

Name

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

City

FL

Zip Code

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 registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, MORGAN	
STREET ADDRESS	5317 BETHEL DRIVE	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	MD	<input type="checkbox"/> Delete
NAME	WHIPPLE, STAN	
STREET ADDRESS	5602 DEESON RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAREY, GRANT	
STREET ADDRESS	5339 BEULAH LANE	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KINSLEY, ELLEN	
STREET ADDRESS	5239 CANAAN AVE	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWAB, HOWARD	
STREET ADDRESS	5497 BETHEL DRIVE	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRANDELL, JACK	
STREET ADDRESS	5403 ZION AVE.	
CITY-ST-ZIP	LAKELAND FL 33810	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CECIL E. MOGG	
STREET ADDRESS	5829 SHILOH PATH	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS CRAWFORD	
STREET ADDRESS	5254 CANAAN AVE.	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORENCE ROSE	
STREET ADDRESS	5402 BETHANY WAY	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Cecil E. Mogg* **CECIL E. MOGG**

3-19-07

863-858-7504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #