

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710204

FILED
Jan 19, 2009
Secretary of State

Entity Name: FLORIDA'S LIGHT AND LIFE PARK, INC.

Current Principal Place of Business:

5602 DEESON ROAD
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

5602 DEESON ROAD
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 59-1710366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHIPPLE, JEAN
5602 DEESON RD.
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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:

Title: TD () Delete
Name: LEHMAN, MARJORIE B
Address: 5421 SHARON TRAIL
City-St-Zip: LAKELAND, FL 33810 58

Title: MD () Delete
Name: WHIPPLE, STAN
Address: 5602 DEESON RD
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: CAREY, GRANT
Address: 5339 BEULAH LAND
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: CRAWFORD, DENNIS
Address: 5254 CANAAN AVE
City-St-Zip: LAKELAND, FL 33810

Title: CD () Delete
Name: AYRE, WILLIAM
Address: 5822 MIZPAH COURT
City-St-Zip: LAKELAND, FL 33810

Title: SD () Delete
Name: ROSE, FLORENCE
Address: 5402 BETHANY WAY
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MARJORIE B. LEHMAN

TD

01/19/2009

Electronic Signature of Signing Officer or Director

Date