

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710204

**FILED**  
**Feb 25, 2010**  
**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  
Name: LEHMAN, MARJORIE B  
Address: 5421 SHARON TRAIL  
City-St-Zip: LAKELAND, FL 33810 US

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

Title: D  
Name: GOLDSMITH, MIKE  
Address: 5444 SHARON TRAIL  
City-St-Zip: LAKELAND, FL 33810

Title: D  
Name: PECK, ARLIE  
Address: 5414 SHARON TRAIL  
City-St-Zip: LAKELAND, FL 33810

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARJORIE B. LEHMAN

TD

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date