

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90095 025 \*\*\*\*61.25

<b>DOCUMENT # 710962</b> 1. Entity Name <b>THE LAKELAND JAYCEES INC.</b>					
Principal Place of Business <b>2000 N. GILMORE AVE.</b> <b>LAKELAND, FL 33805 US</b>				Mailing Address <b>POST OFFICE BOX 92333</b> <b>LAKELAND, FL 33804-2333</b>	
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PHILLIPS, MARSHA BAGLEY</b> <b>7829 FOX SQUIRREL CIRCLE</b> <b>LAKELAND, FL 33809</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEFFY, DAVID</b>		NAME		
STREET ADDRESS	<b>1714 KING JAMES COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL 33813</b>		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEINISCHKE, JILL</b>		NAME		
STREET ADDRESS	<b>1703 SIMS PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>		CITY-ST-ZIP		
TITLE	DD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PHILLIPS, CANDICE</b>		NAME		
STREET ADDRESS	<b>7829 FOX SQUIRREL CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL 33809</b>		CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>JOHNSON, SUZI</b>		NAME	<b>VD FISHER, MARIE</b>	
STREET ADDRESS	<b>1104 DUNCAN AVENUE</b>		STREET ADDRESS	<b>1520 BOONE PL</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33801</b>		CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PHILLIPS, MARSHA</b>		NAME		
STREET ADDRESS	<b>7829 FOX SQUIRREL CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL 33809</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <i>Marsha B Phillips</i> Marsha B Phillips</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>5/1/2007 863-602-6244</b> <small>Date Daytime Phone #</small>		