

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 715047

(7)

1. Corporation Name

BOYS & GIRLS CLUBS OF LAKE LAND, INC.



Principal Place of Business

Mailing Address

1525 MARTIN LUTHER KING
P.O. BOX 763 (LAKE LAND. 33802)
LAKE LAND FL 33801
US

1525 MARTIN LUTHER KING AVE
P.O. BOX 763
LAKE LAND FL 33802-7763
US

3. Date Incorporated or Qualified
08/01/1968

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-0171815

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKEY, NEIL S
1525 MARTIN LUTHER KING JR AVE
LAKE LAND FL 33805

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

Neil Hickey

NEIL HICKEY, EX. DIR

04/02/96

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	P	<input type="checkbox"/> DELETE
NAME	TIMOTHY MCCAUSLAND	
STREET ADDRESS	4624 SAN PAULO CT	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TALMAN, ED	
STREET ADDRESS	1420 E PRIVATE DR	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	JONES, GUERRY	
STREET ADDRESS	2313 COVENTRY AVE	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, WILLIAM	
STREET ADDRESS	2303 BUCKINGHAM AVE	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARCLAY, DONALD	
STREET ADDRESS	2012 LAKE BENTLEY CRT	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MERRIT, "BUCK" R	
STREET ADDRESS	2120 WOODBINE AVENUE	
CITY-ST-ZIP	LAKE LAND FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Myers, Greg
2.3 STREET ADDRESS	2014 Court Court
2.4 CITY-ST-ZIP	Lake land, FL 33813
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

R. Guerry Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. GUERRY JONES 04/02/96

941-686-1719
Daytime Phone

CR2E037 (12/95)