


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90204 013 \*\*\*\*61.25

<b>DOCUMENT # 728362</b> 1. Entity Name FRIENDSHIP VILLAGE OF LAKE LAND, INC.					
Principal Place of Business 3802 NEW TAMPA HWY LAKE LAND, FL 33815 US				Mailing Address 3802 NEW TAMPA HWY LAKE LAND, FL 33815 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			
4. FEI Number <b>NOT APPLICABLE</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAUGHERTY, ROBERT</b> <b>818 LEISURE LANE</b> <b>LAKE LAND, FL 33815</b>			7. Name and Address of New Registered Agent Name <u>Manns, Kate</u> Street Address (P.O. Box Number is Not Acceptable) <u>3815 Friendship Blvd.</u> City <u>Lakeland</u> <u>FL</u> Zip Code <u>33815</u>		
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 <u>Willie K. Manns</u> <u>WILLIE K. MANNS</u> <u>2-26-08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAUGHERTY, ROBERT 818 LEISURE LANE LAKE LAND, FL 33815	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kemp, Barbara 810 Harmony Lane Lakeland, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HART, SANDRA K 831 VILLAGE PL LAKE LAND, FL 33815	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Conzemius, Thomas J. 3903 Sunnybrook Lane Lakeland, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNER, D. FRANK 823 VILLAGE PLACE LAKE LAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Perjak, Ron 707 Harmony Lane Lakeland, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEMP, BARBARA 810 HARMONY LANE LAKE LAND, FL 33815	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Felix, May 801 Leisure Lane Lakeland, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARSTEN, ROBERT 811 VILLAGE PLACE LAKE LAND, FL 33815	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEEK, CAROL 3816 FRIENDSHIP BOULEVARD LAKE LAND, FL 33815	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:</b> <u>Thomas J. Conzemius</u> <u>2-28-08</u> <u>231-670-0603</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					