2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 741631

1. Entity Name
LAKELAND SCHOOLS ORCHESTRA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6833 LAKELAND, FL 33807-6833	P.O. BOX 6833 LAKELAND, FL 33807-6833

02162006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-1800553

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000469773
03/27/06-80014-008 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRANT, MATTHEW
STREET ADDRESS	6004 FOREST LANE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	TD
NAME	EVANS, ASTRID
STREET ADDRESS	5721 OLD SCOTT LAKE RD
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	SD
NAME	WILSON, CYNTHIA D
STREET ADDRESS	5917 COVEVIEW DR W
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Matthew W Grant 16 Feb 06 (863)644-6774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #