2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 762598

1. Entity Name
LAKELAND EVENING SERTOMA CLUB, INC.

Principal Place of Business	Mailing Address
% RALPH SARGEANT 232 N. MASSACHUSETTS AVENUE LAKELAND, FL 33801	% RALPH SARGEANT 232 N. MASSACHUSETTS AVENUE LAKELAND, FL 33801

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03022006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2252271
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHEELER, BILL
1203 HEIDI LANE N
LAKELAND, FL 33813

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

Filing Fee is $61.25
Due by May 1, 2006

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

U00000469651
03/27/06-80009-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, NATE
STREET ADDRESS	5863 HIGHRIDGE LOOP
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	T
NAME	DUVALL, JAMES
STREET ADDRESS	5516 CLUB HILL W.
CITY-ST-ZIP	LAKELAND, FL
TITLE	S
NAME	SPOONER, GREG
STREET ADDRESS	1114 SHADOW WOOD CT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	P
NAME	EBY, DAVID
STREET ADDRESS	4825 FOXRUN
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	JUDD, MARK
STREET ADDRESS	4419 ORANGEWOOD LOOP
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	JOHNSON, ANDY
STREET ADDRESS	3002 PINEDALE AVE
CITY-ST-ZIP	LAKELAND, FL 33803

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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: Jim M. Duvall - JAMES DUVALL 3/7/06 863-644-8482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #