
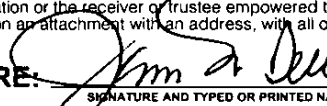


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90080 016 \*\*\*\*61.25

<b>DOCUMENT # 762598</b> 1. Entity Name <b>LAKELAND EVENING SERTOMA CLUB, INC.</b>					
Principal Place of Business <b>% RALPH SARGEANT</b> <b>232 N. MASSACHUSETTS AVENUE</b> <b>LAKELAND, FL 33801</b>			Mailing Address <b>% RALPH SARGEANT</b> <b>232 N. MASSACHUSETTS AVENUE</b> <b>LAKELAND, FL 33801</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	4. FEI Number <b>59-2252271</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WHEELER, BILL</b> <b>1203 HEIDI LANE N</b> <b>LAKELAND, FL 33813</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 _____ <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, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="display: flex; justify-content: space-between;"> <div> <b>Make check payable to</b>  <b>Florida Department of State</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, NATE</b>		NAME	<b>GREG SPOONER</b>	
STREET ADDRESS	<b>5863 HIGHRIDGE LOOP</b>		STREET ADDRESS	<b>1114 SHADOWWOOD CT</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33813</b>		CITY-ST-ZIP	<b>LAKELAND, FL 33813</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUVALL, JAMES</b>		NAME		
STREET ADDRESS	<b>5516 CLUB HILL W.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPOONER, GREG</b>		NAME	<b>CARL E JOHNSON</b>	
STREET ADDRESS	<b>1114 SHADOW WOOD CT</b>		STREET ADDRESS	<b>3453 ASHLING DR</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33813</b>		CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EBY, DAVID</b>		NAME		
STREET ADDRESS	<b>4825 FOXRUN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL 33813</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUDD, MARK</b>		NAME		
STREET ADDRESS	<b>4419 ORANGEWOOD LOOP</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL 33813</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, ANDY</b>		NAME		
STREET ADDRESS	<b>3002 PINEDALE AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>		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:</b> 			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>JAMES M. DUVALL-T</b>		
			Date <b>1/21/07</b> Daytime Phone # <b>863 644-8482</b>		