

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 # **790892** (4)
1. Corporation Name
LAKELAND HIGHLANDS CO-OPERATIVE ASSOCIATION



Principal Place of Business: **3009 EAST ROAD 540-A HIGHLAND CITY FL 33846**
Mailing Address: **P.O. BOX 188 PLANT CITY FL 33846 US**

3. Date Incorporated or Qualified: **05/18/1914**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0324446	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HART, ALAN R. 2005 CLUBHOUSE ROAD LAKELAND FL 33813		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
		FL	

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 s 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MARY H	1.2 NAME	
STREET ADDRESS	4212 SLYVAN RAMBLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33609	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPPING, E.R. JR.	2.2 NAME	
STREET ADDRESS	1710 MARIPOSA AVE. E.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL 33830	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JAMES H SR	3.2 NAME	
STREET ADDRESS	3110 OAKBRIDGE #245	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33813	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFFORD, ROBERT H SR	4.2 NAME	
STREET ADDRESS	2010 EAST RD. #540-A	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33813	4.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNDALL, L.B.	5.2 NAME	
STREET ADDRESS	1150 BOUGAINVILLEA WAY EAST	5.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL 33830	5.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, B.F.	6.2 NAME	
STREET ADDRESS	955 FLORAL AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL 33830	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: *Mary H. Williams* **Mary H. Williams, Secy.** 1-23-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)