

\$61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003830		
1. Entity Name LAKELAND HOUSING AUTHORITY RESIDENT ADVISORY ASSOCIATION OF THE HOUSING AUTHORITY OF THE CITY OF		
Principal Place of Business 501 HARTSELL AVE #70 LAKELAND, FL 33815-4552	Mailing Address 501 HARTSELL AVE #70 LAKELAND, FL 33815-4552	
DO NOT WRITE IN THIS SPACE		

FILED
04 AUG 27 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3650798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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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 September 8, 2004** 9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

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09/01/04--01068--002 **111.25

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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWN, LILLIE 501 HARTSELL AVE #70 LAKELAND, FL 338154552
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLACK, STELLA 501 S HARTSELL AVE LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JILES, TONDA 1919 WEST 10TH ST #3 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGEE, NITA 501 HARTSELL AVENUE LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAA HUNDLEY, DOROTHY 1919 WEST 10TH STREET APT #41 LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stella Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/04

Date

Daytime Phone #