


\$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		
6. Name and Address of Current Registered Agent HAYNES, EARL 430 S. HARTSELL AVE LAKELAND, FL 33815		DO NOT WRITE IN THIS SPACE
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)</small> DATE _____		
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROWN, LILLIE 501 HARTSELL AVE #70 LAKELAND, FL 338154552	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD 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: <u>Stella Black</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8/11/04</u> <small>Date</small> Daytime Phone # _____ <small>Daytime Phone #</small>

FILED

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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 ☐ **\$8.75** Additional
Fee Required

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