

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90001 001 ****70.00

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		
2. Principal Place of Business - No P.O. Box # 1919 WEST 10TH STREET		3. Mailing Address Suite, Apt. #, etc. APT # 13			
City & State LAKELAND, FL		City & State LAKELAND, FL		4. FEI Number 59-3650798	
Zip 33805		Country POLK		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYNES, EARL 430 S. HARTSELL AVE LAKELAND, FL 33815			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>EARL HAYNES</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME BROWN, LILLIE	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 501 HARTSELL AVE #70	CITY-ST-ZIP LAKELAND, FL 338154552		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME JILES, TONDA	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 1919 WEST 10TH ST #3	CITY-ST-ZIP LAKELAND, FL 33801		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME MCGEE, NITA	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 501 HARTSELL AVENUE	CITY-ST-ZIP LAKELAND, FL 33815		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SAA	NAME CALIXTE, PIERRE	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 501 HARTSELL AVE SUITE 70	CITY-ST-ZIP LAKELAND, FL 338154554		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS SECRETARY JACKSON, LATRECE 1525 NORTH NEW YORK LAKELAND, FL 33805	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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.					
SIGNATURE: <u>Nita McGee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			09-6-07 863-860-8098 <small>Date Daytime Phone #</small>		