2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N00000003830

Entity Name: LAKELAND HOUSING AUTHORITHY RESIDENT ADVISORY ASSOCIATION OF THE HOUSING AUTHORITY OF THE CITY OF LAKELAND, FL, INC.

Current Principal Place of Business:

1919 WEST 10TH STREET
APT # 13
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

501 HARTSELL AVE #70
LAKELAND, FL 338154552

New Mailing Address:

FEI Number: 59-3650798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYNES, EARL
430 S. HARTSELL AVE
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWN, LILLIE
Address: 501 HARTSELL AVE #70
City-St-Zip: LAKELAND, FL 338154552

Title: S ( ) Delete
Name: JACKSON, LATRECE
Address: 1525 NORTH NEW YORK
City-St-Zip: LAKELAND, FL 33805

Title: TD ( ) Delete
Name: MCGEE, NITA
Address: 501 HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: SAA ( ) Delete
Name: CALIXTE, PIERRE
Address: 501 HARTSELL AVE SUITE 70
City-St-Zip: LAKELAND, FL 338154554

Title: VP ( ) Delete
Name: SANDERS, DOROTHY
Address: 2626 NORTH FLORIDA AVE
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL HAYNES RA 03/20/2009

Electronic Signature of Signing Officer or Director — Date