FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00944** (1)

1. Corporation Name
LAKELAND WINTER CLUB, INC.

Principal Place of Business	Mailing Address
700 E. ORANGE STREET LAKELAND FL 33801	1527 DOGWOOD DRIVE LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1984
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-1024699 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CLARK, MURL M.
1527 DOGWOOD DRIVE
LAKELAND FL 33803-3380

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BAKKER, JOHN	12 NAME	,WAINWRIGHT, LARRY	
STREET ADDRESS	7028 SHEFFIELD DRIVE	13 STREET ADDRESS	3 D D St.,	
CITY-ST-ZIP	LAKELAND FL 33809	14 CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	KUZMA, ANN	22 NAME		
STREET ADDRESS	3325 BARTOW RD 92	23 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	CLARK, MURL	32 NAME		
STREET ADDRESS	1527 DOGWOOD DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	WAINWRIGHT, HILDA	42 NAME		
STREET ADDRESS	3 D-D STREET	43 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE	VD	☒ Change ☐ Addition
NAME	WAINWRIGHT, LARRY	52 NAME	HINAN, VILBERT	
STREET ADDRESS	3 D-D STREET	53 STREET ADDRESS	4474 ALVAMAR TRAIL	
CITY-ST-ZIP	LAKELAND FL 33801	54 CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	BAUER, WILMA	62 NAME	RICE, BILIAN	
STREET ADDRESS	2025 W. DAUGHERTY ROAD, #50	63 STREET ADDRESS	375 BRANNON AV. W.	
CITY-ST-ZIP	LAKELAND FL 33809	64 CITY-ST-ZIP	LAKELAND, FL 33813	

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)(i), 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: Murl M. Clark, TREAS. APRIL 22, 1995 813-646-3070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MURL M. CLARK

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