## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006634

Entity Name: THE DRIFTERS OF LAKELAND, INC.

FILED Apr 20, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

7015 KLEIN RD LAKELAND, FL 33813

Current Mailing Address: New Mailing Address:

7015 KLEIN RD 1308 WALKER CIRCLE E LAKELAND, FL 33813 LAKELAND, FL 33805

FEI Number: 59-3757534 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KURASH, DAVE
6258 NELMS RD W
6

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: GREGORY J. OLUSCZAK 04/20/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 PD (X) Change () Addition

 Name:
 KURASH, DAVE
 Name:
 OLUSCZAK, GREGORY J

 Address:
 6258 NELMS RD W
 Address:
 940 POINT VIEW LN.

 City-St-Zip:
 LAKELAND, FL 33811
 City-St-Zip:
 LAKELAND, FL 33813

Title: DPT ( ) Delete Title: TD (X) Change ( ) Addition Name: KURASH, KATHERINE Name: KURASH, KATHERINE

 Name
 Name
 Norash, Katherine

 Address:
 6258 NELMS RD W
 Address:
 6258 NELMS RD W

 City-St-Zip:
 LAKELAND, FL 33811
 City-St-Zip:
 LAKELAND, FL 33811

 Name:
 FACEY, DAVID
 Name:
 FACEY, DAVID

 Address:
 7015 KLEIN RD
 Address:
 7015 KLEIN RD

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:
 LAKELAND, FL 33813

Title: DS ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 PAYNE, SUE
 Name:
 ALBEE, SHARON

 Address:
 7015 KLEIN RD
 Address:
 1308 WALKER CIRCLE E

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:
 LAKELAND, FL 33805

 Name:
 OLYSCZAK, GREG
 Name:
 WHALEN, JUDY

 Address:
 940 POINTVIEW LN.
 Address:
 2217 MALACHITE CT

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:
 LAKELAND, FL 33810

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WHALEN, MIKE
 Name:

 Address:
 2217 MALACHITE CT
 Address:

 City-St-Zip:
 LAKELAND, FL 33810
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY J. OLUSCZAK PD 04/20/2007