2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# N01000006634

Entity Name: THE DRIFTERS OF LAKELAND, INC.

Current Principal Place of Business:

7015 KLEIN RD
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

1308 WALKER CIRCLE E
LAKELAND, FL 33805

New Mailing Address:

940 POINT VIEW LN.
LAKELAND, FL 33813

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

Name and Address of Current Registered Agent:

OLUSCZAK, GREGORY J
940 POINT VIEW LN.
LAKELAND, FL 33813 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:	OLUSCZAK, GREGORY J	
Address:	940 POINT VIEW LN.	
City-St-Zip:	LAKELAND, FL 33813	
Title:	TD	( ) Delete
Name:	KURASH, KATHERINE	
Address:	6258 NELMS RD W	
City-St-Zip:	LAKELAND, FL 33811	
Title:	VD	( ) Delete
Name:	FACEY, DAVID	
Address:	7015 KLEIN RD	
City-St-Zip:	LAKELAND, FL 33813	
Title:	SD	( ) Delete
Name:	ALBEE, SHARON	
Address:	1308 WALKER CIRCLE E	
City-St-Zip:	LAKELAND, FL 33805	
Title:	D	( ) Delete
Name:	WHALEN, JUDY	
Address:	2217 MALACHITE CT	
City-St-Zip:	LAKELAND, FL 33810	
Title:	D	( ) Delete
Name:	WHALEN, MIKE	
Address:	2217 MALACHITE CT	
City-St-Zip:	LAKELAND, FL 33810	

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:	SD	(X) Change ( ) Addition
Name:	NORBY, LINDA	
Address:	2015 CASTLE COURT	
City-St-Zip:	LAKELAND, FL 33813	
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: GREGORY J. OLUSCZAK PD 03/27/2008

Electronic Signature of Signing Officer or Director — Date