

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006634

FILED
Feb 13, 2010
Secretary of State

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:

940 POINT VIEW LN.
LAKELAND, FL 33813 US

New Mailing Address:

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 MR
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
Name: FACEY, SUE MS.
Address: 7015 KLEIN RD
City-St-Zip: LAKELAND, FL 33813

Title: TD
Name: KURASH, KATHERINE MS
Address: 6258 NELMS RD. W
City-St-Zip: LAKELAND, FL 33813

Title: VD
Name: OLUSCZAK, GREGORY J MR.
Address: 940 POINT VIEW LN.
City-St-Zip: LAKELAND, FL 33813

Title: SD
Name: NORBY, LINDA MS.
Address: 2015 CASTLE COURT
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: WHALEN, JUDY MS
Address: 2217 MALACHITE CT
City-St-Zip: LAKELAND, FL 33810

Title: D
Name: WHALEN, MIKE MR
Address: 2217 MALACHITE CT
City-St-Zip: LAKELAND, FL 33810

I hereby 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 all other like empowered.

SIGNATURE: GREGORY J. OLUSCZAK

VD

02/13/2010

Electronic Signature of Signing Officer or Director

Date