

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90091 019 ****61.25

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1. Entity Name
LAKELAND, FL. CHAPTER OF THE SPEBSQSA, INC.



Principal Place of Business
**6144 SWALLOW DRIVE
LAKELAND, FL 33809**

Mailing Address
**6144 SWALLOW DRIVE
LAKELAND, FL 33809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3665448

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHRODE, RUSSELL J
6144 SWALLOW DRIVE
LAKELAND, FL 33809**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DT ☒ Delete
NAME SHRODE, RUSSELL
STREET ADDRESS 6144 SWALLOW DR
CITY-ST-ZIP LAKELAND, FL 338095697

TITLE DP ☐ Delete
NAME WAGNER, WILLIAM
STREET ADDRESS 2147 GRAND CYPRESS DR.
CITY-ST-ZIP LAKELAND, FL 33810

TITLE DS ☒ Delete
NAME LIKE, DONALD
STREET ADDRESS 236 LAKE HARON DRIVE
CITY-ST-ZIP MULBERRY, FL 33860

TITLE DV ☐ Delete
NAME BOLDIG, JERRY
STREET ADDRESS 4423 FARIWAY OAKS DR.
CITY-ST-ZIP MULBERRY, FL 33860

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT/S ☒ Change ☐ Addition
NAME SHRODE, RUSSELL
STREET ADDRESS 6144 SWALLOW DRIVE
CITY-ST-ZIP LAKELAND, FL 33809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Russell J. Shrode
Russell J. Shrode

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05
Date

863-859-6473
Daytime Phone #