



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000004551		
1. Entity Name LAKELAND FREEDOM FIGHTERS, INC.		
Principal Place of Business 223 N. FLORIDA AVENUE LAKELAND, FL 33801	Mailing Address 223 N. FLORIDA AVENUE LAKELAND, FL 33801	 07252007 No Chg-NP CR2E037 (4/06)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 74-3071924		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent		
PANSLER, KARL F 223 N. FLORIDA AVENUE LAKELAND, FL 33801		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	PANSLER, KARL F	
STREET ADDRESS	223 N. FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	
NAME	PANSLER, HEATHER A	
STREET ADDRESS	223 N. FLORIDA AVENUE	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	
NAME	HERRINGSHAW, CHRISTINA L	
STREET ADDRESS	223 N. FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Heather A. Pansler</i></u>		Date: <u>7/20/07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>863-647-5050</u>