

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 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**



01242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3071924

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 _____
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11000000809146
02/08/08-80010-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
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
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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Heather A. Pansler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08
Date

863-683-7500
Daytime Phone #