


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State


DOCUMENT # N03000001698

1. Entity Name
THE SERENA BAILEY FOUNDATION, INC.



Principal Place of Business C/O LAKELAND PUBLIC LIBRARY 100 LAKE MORTON DR LAKELAND, FL 33801	Mailing Address C/O LAKELAND PUBLIC LIBRARY 100 LAKE MORTON DR LAKELAND, FL 33801
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01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0187582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, PHILIP O
 225 E LEMON STREET STE 300
 LAKELAND, FL 33801**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEY, LANCE 214 DENISE LANE AUBURNDALE, FL 338232305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, BRENDA J 2329 RODGERS ROAD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSLEY, AVERIL J 4855 MAGNOLIA AVE MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSLEY, TYLER 4855 MAGNOLIA AVE MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/22/07-80027-013 61.25

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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: *Lance C. Finney* Date: March 9, 2007 Daytime Phone: 863-965-7422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR