

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009259

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: LAKELAND LIBERTY, INC.

**Current Principal Place of Business:**

5415 SUNSET WAY N  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

5415 SUNSET WAY N  
LAKELAND, FL 33805

**New Mailing Address:**

FEI Number: 20-0270997      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COWARD, GEORGE T  
1915 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803 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: D ( ) Delete  
Name: SMITH, VICTOR  
Address: 2338 GIB GALLOWAY RD  
City-St-Zip: LAKELAND, FL 33810

Title: D ( ) Delete  
Name: COMBEE, GERRI  
Address: 5415 SUNSET WAY N  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: DURANT, MARCUS  
Address: 1301 SPANISH OAK LN  
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete  
Name: COMBEE, BRIAN K  
Address: 5415 SUNSET WAY NORTH  
City-St-Zip: LAKELAND, FL 33805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GERRI COMBEE

D

02/21/2008

Electronic Signature of Signing Officer or Director

Date