## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009883

FILED Mar 20, 2009 Secretary of State

Entity Name: LAKE REGION SPORTS OFFICIALS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 529 LAKE CAROLYN CIRCLE LAKELAND, FL 33813 **Current Mailing Address: New Mailing Address:** P.O. BOX 2504 LAKELAND, FL 33806 FEI Number: 65-1235153 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BONDURANT, ROBERT G Name: Name: 2601 THORNHILL ROAD Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: KNUTH, DEBRA Name: Address: 515 LORRAINE CIRCLE Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: STD () Delete Title: **TRES** (X) Change ( ) Addition BAIN, BRIAN J BAIN, BRIAN J Name: Name: 529 LAKE CAROLYN CIRCLE 529 LAKE CAROLYN CIRCLE Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 ( ) Delete Title: Title: SEC. ( ) Change (X) Addition Name: Name: BAIN, SUSAN 529 LAKE CAROLYN CIRCLE Address: Address: City-St-Zip: City-St-Zip: LAKELAND, FL 33913 US

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: BRIAN J. BAIN **TRES** 03/20/2009