## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008243

Entity Name: THE LAKELAND FELLOWSHIP, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

411 N. FLA AVE LAKELAND, FL 33801

Current Mailing Address: New Mailing Address:

2049 E. EDGEWOOD DR LAKELAND, FL 33803

FEI Number: 20-3426499 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:

JOHNSON, SARAH

1154 WATERFALL LN

LAKELAND, FL 33803 US

PHILLIPS, JENNY

1310 ROBINHOOD LANE S

LAKELAND, FL 33813 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: JENNY PHILLIPS 04/15/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P
 ( X) Change ( ) Addition

 Name:
 FLUTCH, WILLIAM
 Name:
 VANDERGRIFF, WILLIAM

 Address:
 5831 COVEVIEW CT
 Address:
 2325 CHESTERFIELD CIRCLEP

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:
 LAKELAND, FL 33813

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: GODWIN, JUDY Name: THROWER, SUE Address: 4477 HOMEWOOD LANE

Address: 3611 JAQUE LEE LN Address: 4477 HOMEWOOD LANE City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33811

Title: S () Delete Title: S (X) Change () Addition Name: JOHNSON, SARAH Name: PHILLIPS, JENNY

Address: 1154 WATERFALL LN Address: 1310 ROBINHOOD LANE S
City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33813

 Name:
 THROWER, SUE
 Name:
 STATON, EARL

 Address:
 4477 HOMEWOOD LN.
 Address:
 377 INVERRARY DR

 City-St-Zip:
 LAKELAND, FL 33811
 City-St-Zip:
 AUBURNDALE, FL 33823

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: WILLIAM VANDERGRIFF P 04/15/2009