## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90220 010 \*\*\*\*70.00

DOCUMENT # N0700006852  1. Entity Name ROCHELLE/KATHELEEN/LAKELAND MINORITY CLASS OF 1971, INC.						400	03-01-20  YU4D1	08 90220	) 010 ****	~~/0.00	
Principal Place of Business Mailing Address 501 HARTSELL AVE APT 94 LAKELAND, FL 33815 LAKELAND, FL 33815					· · ·		IL 1841 81141 BA	<b>                                    </b>			
Principal Place of Business - No P.O. Box # 3			3 Hailing Adgress 1801								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			02142008	Chg-NP	CR2E03	37 (12/06)		
City & State		لقا	state Cland		oritos	4. FEI Number			<del></del>	plied For t Applicable	
Zip	Country	3 <sub>zi</sub>	3809	P	olle	<u>.                                    </u>	f Status Desired		\$8.75 Add Fee Required		
<u> </u>	6. Name and Address of Current	Registere	d Agent		Name	7. Name and A	ddress of New F	Registered A	Agent		
PRESTON, THEODIS						Name Street Address (P.O. Box Number is Not Acceptable)					
	D, FL 33805					<u></u>					
! !					City			FL	Zip Code	e	
	e named entity submits this statement to tions of registered agent.	or the purpo	ose of changing it	s register	red office or regist	tered agent, or both	, in the State of Fl	orida. I am i	familiar with,	and accept	
0.0.0.0.10	Signature, typed or printed name of registered agent	and tale if app	licable, (NO	TE: Registere	ad Agent signature requil	ired when reinstating)		DATE			
old Wille	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	and tale if app	9. Election Ca Trust Fund	ımpaign f		\$5.00 May Be Added to Fees	I .	Make check	payable to		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	-	9. Election Ca Trust Fund	empaign f Contribut 11,	Financing tion.	\$5.00 May Be	Flor	Make check rida Depar	tment of St	10	
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12. Indebty 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

Daytime Phone #