

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90003 020 ****61.25

DOCUMENT # N07000011374

1. Entity Name
THE FIRST TABLE ORGANIZATION, INC.



Principal Place of Business
505 MARTIN LUTHER KING JR. AVE., STE. 1
LAKELAND, FL 33815

Mailing Address
505 MARTIN LUTHER KING JR. AVE., STE. 1
LAKELAND, FL 33815

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09082008 Chg-NP CR2E037 (12/06)

4. FEI Number
35-2317508

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLOVER, KENNETH C ESQ
505 MARTIN LUTHER KING JR. AVE., STE. 1
LAKELAND, FL 33815

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ARDIS, REGINALD ☐ Delete
STREET ADDRESS 420 PLATT ST.
CITY-ST-ZIP LAKELAND, FL 33809

TITLE VPD ☐ Change ☒ Addition
NAME FLORENDA BOND
STREET ADDRESS PO BOX 225, LAKELAND, FL 33802
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME DAWKINS, ABRAHAM
STREET ADDRESS 3451 DOREEN DR.
CITY-ST-ZIP LAKELAND, FL 33815

TITLE SD ☐ Change ☒ Addition
NAME JOSEPH GOODWIN
STREET ADDRESS 1135 Josephine St.
CITY-ST-ZIP Lakeland, FL 33815

TITLE SD ☐ Delete
NAME BUIE, NYLA
STREET ADDRESS 2100 OLD TAMPA HWY
CITY-ST-ZIP LAKELAND, FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME KING, REGINALD
STREET ADDRESS 5410 OXFORD MANOR CIRCLE
CITY-ST-ZIP LAKELAND, FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME GHENT, WAYNE
STREET ADDRESS 5503 STARLING LOOP
CITY-ST-ZIP LAKELAND, FL 33801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/08

Date

Daytime Phone #