FILE NOW: FILING FEE IS $61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08785 (0)

1. Corporation Name

LEADERSHIP LAKELAND ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2903 LAKELAND FL 33806-2903	P.O. BOX 2903 LAKELAND FL 33806-2903

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 04/18/1985	3a. Date of Last Report 03/29/1996
4. FEI Number 59-2736319	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

YOUNG, CINDY
1400 GRASSLANDS BLVD
#55
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	YOUNG, CINDY		1.2 NAME	Steven Boyington	
STREET ADDRESS	1400 GRASSLANDS BLVD #55 2		1.3 STREET ADDRESS	110 S. Kentucky Ave.	
CITY-ST-ZIP	LAKELAND FL 33803		1.4 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BOYINGTON, STEVE		2.2 NAME	Jolinda Pipkin	
STREET ADDRESS	110 S KENTUCKY AVENUE		2.3 STREET ADDRESS	2225 E. Edgewood Dr., Ste. 2	
CITY-ST-ZIP	LAKELAND FL 33801		2.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	SAWYER, BRENDA		3.2 NAME	Janice T. Jones	
STREET ADDRESS	1138 E HIGHLAND DRIVE		3.3 STREET ADDRESS	103 S. Florida Ave.	
CITY-ST-ZIP	LAKELAND FL 33813		3.4 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	EANETT, DARLENE		4.2 NAME	Edward Lunz	
STREET ADDRESS	3404 BRIDGEFIELD DRIVE		4.3 STREET ADDRESS	44 Lake Morton Drive	
CITY-ST-ZIP	LAKELAND FL 33803		4.4 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janice T. Jones 5/1/97 (941)688-0611