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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 04/18/1985

4. FEI Number: 59-2736319 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) Country (25) / Zip (29) Country (30)

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: Jolinda Pipkin
82 Street Address (P.O. Box Number is Not Acceptable): 2225 East Edgewood Drive
83
84 City: Lakeland **FL** 85 Zip Code: 33803

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President, Director	☒ Change ☐ Addition
NAME	BOYINGTON, STEVEN		1.2 NAME	Jolinda Pipkin	
STREET ADDRESS	110 S KENTUCKY AVE		1.3 STREET ADDRESS	2225 East Edgewood Drive	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	VD	☒ DELETE	2.1 TITLE	Vice-President, Director	☒ Change ☐ Addition
NAME	PIPKIN, JOLINDA		2.2 NAME	Ed Lunz	
STREET ADDRESS	2225 E EDGEWOOD DR STE 2		2.3 STREET ADDRESS	44 Lake Morton Drive	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, JANICE T		3.2 NAME		
STREET ADDRESS	103 S FLORIDA AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	Secretary, Director	☒ Change ☐ Addition
NAME	LUNZ, EDWARD		4.2 NAME	Shari Szabo	
STREET ADDRESS	44 LAKE MORTON DR		4.3 STREET ADDRESS	111 Lake Hollingsworth Drive	
CITY-ST-ZIP	LAKELAND FL		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 (10/97)

14. I 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: Jolinda Pipkin 1/21/98 941-667-0881