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NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08785

1. Corporation Name

LEADERSHIP LAKELAND ALUMNI ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 2903<br>LAKELAND FL 33806-2903 | P.O. BOX 2903<br>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 (24) Country (25) | Zip (29) Country (30)

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

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

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

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

**9. Name and Address of Current Registered Agent**

PIPKIN, JOLINDA
2225 E EDGEWOOD DR
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 | SD | ☑ DELETE | 1.1 TITLE | SD | ☐ Change ☒ Addition |
| NAME | SZABO, SHARI | | 1.2 NAME | Debra Henson | |
| STREET ADDRESS | 111 LAKE HOLLINGSWORTH DR | | 1.3 STREET ADDRESS | 219 North Massachusetts Ave. | |
| CITY-ST-ZIP | LAKELAND FL 33801 | | 1.4 CITY-ST-ZIP | Lakeland, FL 33801 | |
| TITLE | PD | ☑ DELETE | 2.1 TITLE | VPD | ☐ Change ☒ Addition |
| NAME | PIPKIN, JOLINDA | | 2.2 NAME | Lyonal B. Lindsey, Jr. | |
| STREET ADDRESS | 2225 E EDGEWOOD DR | | 2.3 STREET ADDRESS | 1401 South Florida Ave. | |
| CITY-ST-ZIP | LAKELAND FL 33803 | | 2. 4 CITY-ST-ZIP | Lakeland, FL 33803 | |
| 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 | VPD | ☐ DELETE | 4.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | LUNZ, EDWARD | | 4. 2 NAME | | |
| STREET ADDRESS | 44 LAKE MORTON DR | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL 33801 | | 4.4 CITY-ST-ZIP | | |
| 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 (11/98)

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, with all other like empowered.

**SIGNATURE:** Janice T. Jones SIGNATURE REQUIRED Janice T. Jones 1/22/99 941-688-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #