

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90046 006 ****61.25

DOCUMENT # N08785

1. Entity Name

LEADERSHIP LAKE LAND ALUMNI ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 2903
LAKE LAND FL 33806-2903

Mailing Address

P.O. BOX 2903
LAKE LAND FL 33806-2903

54027945...



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2736319

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

BAYLIS, STEPHEN W
53 LAKE MORTON DR
LAKE LAND FL 33801

Name

Stephen J. Bissonnette

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

802 South Clayton Avenue

City

Lakeland

FL

Zip Code

33801

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

Stephen J. Bissonnette

Treasurer

4-2-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE TD
NAME BAYLIS, STEPHEN W
STREET ADDRESS 53 LAKE MORTON DR
CITY-ST-ZIP LAKE LAND FL 33801 ☒ Delete

TITLE PD
NAME HOOKS, HOLLIS H
STREET ADDRESS 53 LAKE MORTON DR
CITY-ST-ZIP LAKE LAND FL 33801 ☒ Delete

TITLE VD
NAME DESTEFANO, DONNA
STREET ADDRESS 1701 S FLORIDA AVE
CITY-ST-ZIP LAKE LAND FL 33803 ☐ Delete

TITLE SD
NAME DESTEFANO, DONNA
STREET ADDRESS 1701 S FLORIDA AVE
CITY-ST-ZIP LAKE LAND FL 33815 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD
NAME Bissonnette, Stephen J.
STREET ADDRESS 802 South Clayton Avenue
CITY-ST-ZIP Lakeland, FL 33801 ☐ Change ☒ Addition

TITLE PD
NAME DeStefano, Donna
STREET ADDRESS 602 McRorie Street
CITY-ST-ZIP Lakeland, FL 33803 ☒ Change ☐ Addition

TITLE VD
NAME Cattarius, Nancy
STREET ADDRESS 404 W. Lime Street
CITY-ST-ZIP Lakeland, FL 33815 ☐ Change ☒ Addition

TITLE SD
NAME Brooks, George
STREET ADDRESS 228 South Massachusetts Avenue
CITY-ST-ZIP Lakeland, FL 33801 ☐ Change ☒ Addition

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

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

12. 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 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:

Stephen J. Bissonnette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. Bissonnette

4-2-04

Date

863/834-6011

Daytime Phone #