

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08785

FILED  
Mar 23, 2010  
Secretary of State

**Entity Name:** LEADERSHIP LAKELAND ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

228 S. MASSACHUSETTS AVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

1901 BROKEN ARROW TRAIL N.  
LAKELAND, FL 33813

**Current Mailing Address:**

P.O. BOX 2903  
LAKELAND, FL 33806 US

**New Mailing Address:**

**FEI Number:** 59-2736319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TEDDER, JOSEPH G  
2415 NEVADA ROAD  
LAKELAND, FL 33803 US

**Name and Address of New Registered Agent:**

ERICKSON, BARBARA S  
1901 BROKEN ARROW TRAIL N.  
LAKELAND, FL 33813 US

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.

SIGNATURE: BARBARA S. ERICKSON

03/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: ERICKSON, BARBARA S  
Address: 1901 BROKEN ARROW TRAIL N.  
City-St-Zip: LAKELAND, FL 33813

Title: VD  
Name: BURTON, JOHN  
Address: 1482 LONGOAK DR.  
City-St-Zip: LAKELAND, FL 33813

Title: PD  
Name: NICKELL, SHERRI  
Address: P.O. BOX 2903  
City-St-Zip: LAKELAND, FL 33806

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA S. ERICKSON

TD

03/23/2010

Electronic Signature of Signing Officer or Director

Date