

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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90018 014 ****70.00

DOCUMENT # N15253

1. Entity Name

LAKELAND ASSEMBLIES COTILLION CLUB, INC.



Principal Place of Business

3918 CANYON LAKE POINT
P.O. BOX 6202 (33807)
LAKELAND FL 33813

Mailing Address

P.O. BOX 6202
LAKELAND FL 33807
US

54038883



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1917966

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CACIOPPO, MELANIE H
6919 WILD BERRY LANE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

Kimberly P. Ruthven

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

1416 Briarwood Lane

City

Lakeland

FL

Zip Code

33803

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

Kimberly P. Ruthven Treasurer *Kimberly P. Ruthven* 4/20/04

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 PD
NAME MELTON, LAURIE ☒ Delete
STREET ADDRESS 1717 PINEBERRY CT.
CITY-ST-ZIP LAKELAND FL 33803

TITLE V
NAME SMITH, ROBIN ☒ Delete
STREET ADDRESS 5015 HANCOCK LAKE RD.
CITY-ST-ZIP LAKELAND FL 33813

TITLE TD
NAME RUTHVEN, KIM ☐ Delete
STREET ADDRESS 1416 BRIARWOOD CT.
CITY-ST-ZIP LAKELAND FL 33803

TITLE TD
NAME CACIOPPE, MELANIE ☒ Delete
STREET ADDRESS 6919 WILDBERRY LN
CITY-ST-ZIP LAKELAND FL 33813

TITLE SD
NAME HUTCHINSON, KELLY ☐ Delete
STREET ADDRESS 6858 HAYTER CT.
CITY-ST-ZIP LAKELAND FL 33813

TITLE SD
NAME PLANK, DONNA ☒ Delete
STREET ADDRESS 5726 SCOTTLAKE HILLS LN.
CITY-ST-ZIP LAKELAND FL 33813

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Smith, Robin
STREET ADDRESS 5015 Hancock Lake Rd
CITY-ST-ZIP Lakeland, FL 33813

TITLE V ☐ Change ☒ Addition
NAME Schichtel, Caroline
STREET ADDRESS
CITY-ST-ZIP

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

TITLE TD ☐ Change ☒ Addition
NAME Melton, Laurie
STREET ADDRESS 1717 Pineberry Ct.
CITY-ST-ZIP Lakeland, FL 33803

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

TITLE SD ☐ Change ☒ Addition
NAME Gonzalez, Leah
STREET ADDRESS 4019 Chaverry Drive West
CITY-ST-ZIP Lakeland, FL 33813

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:

Kimberly P. Ruthven

Kimberly P. Ruthven

4/20/04 863-483-3459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #