## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15253

FILED Jan 14, 2008 Secretary of State

Entity Name: LAKELAND ASSEMBLIES COTILLION CLUB, INC.

Current P					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
3918 CANYON LAKE POINT LAKELAND, FL 33813 Current Mailing Address:				650 CRESCENT HILLS DRIVE LAKELAND, FL 33813 US  New Mailing Address:	
			New Mailing Addre		
	CENT HILLS I D, FL 33813	DRIVE US			
FEI Number:	: 59-1917966	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
5914 LÁKE	EBECCA L E VICTORIA DI D, FL 33813	RIVE US			
	named entity : e of Florida.	submits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:					
Name: Address:	PRES ( ) HOSEY, MONA 2006 CASTLE ( LAKELAND, FL	COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address:	HOSEY, MONA 2006 CASTLE LAKELAND, FL VP () WYNN, ANNIE	COURT 33813 Delete LAURIE NT OAKS CIRCLE	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	HOSEY, MONA 2006 CASTLE ( LAKELAND, FL VP ( WYNN, ANNIE 6828 CRESCE LAKELAND, FL	COURT 33813  Delete LAURIE NT OAKS CIRCLE 33813  Delete CCA L CTORIA DRIVE	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	HOSEY, MONA 2006 CASTLE LAKELAND, FL  VP WYNN, ANNIE 6828 CRESCE LAKELAND, FL  TRS NORIS, REBEC 5914 LAKE VIC LAKELAND, FL	COURT 33813  Delete LAURIE NT OAKS CIRCLE 33813  Delete CCA L CTORIA DRIVE 33813  Delete NANDA DS PLACE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REBECCA L NORIS TREA 01/14/2008