FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N27465 (6)

1. Corporation Name

THE KATHLEEN, LAKELAND, MULBERRY LIONS SIGHT COMMITTEE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 24373 1112 WEST BEACON, LOT 127 LAKELAND FL 33802-4373 US	P. O. BOX 24373 1112 WEST BEACON, LOT 127 LAKELAND FL 33802-4373 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1988
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2898567 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRICE, MARVIN W. 3425 KATHLEEN ROAD LAKELAND FL 33809	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Marvin W. Brice* DATE *April 25, 1995*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	11 TITLE ☐ Change ☐ Addition
NAME	HORNAK, DOTTI	12 NAME
STREET ADDRESS	LAKELAND HARBOR, #278	13 STREET ADDRESS
CITY-ST-ZIP	LAKELAND FL 33805	14 CITY-ST-ZIP
TITLE	TD	21 TITLE ☐ Change ☐ Addition
NAME	BRICE, MARVIN	22 NAME
STREET ADDRESS	3425 KATHLEEN ROAD	23 STREET ADDRESS
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP
TITLE	SD	31 TITLE ☐ Change ☐ Addition
NAME	HENDRICKSON, DIANNA A.	32 NAME
STREET ADDRESS	P.O. BOX 80 N/A	33 STREET ADDRESS
CITY-ST-ZIP	CYPRESS GARDENS FL 33884-0080	34 CITY-ST-ZIP
TITLE	VD	41 TITLE ☐ Change ☐ Addition
NAME	WOOD, EARL A.	42 NAME
STREET ADDRESS	818 LAKE MARTHA DRIVE NE	43 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL 33881	44 CITY-ST-ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Marvin W. Brice, Treas.* *April 25, 1995* *(813) 858-3060*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066880