

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N27465 (6)

1. Corporation Name

THE KATHLEEN, LAKELAND, MULBERRY LIONS SIGHT COM  
MITTEE, INC.



Principal Place of Business

P. O. BOX 24373  
1112 WEST BEACON. LOT 127  
LAKELAND FL 33802-4373  
US

Mailing Address

P. O. BOX 24373  
1112 WEST BEACON. LOT 127  
LAKELAND FL 33802-4373  
US

3. Date Incorporated or Qualified  
07/18/1988

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

P.O. Box 24373

2a. Mailing Address

21 3425 KATHLEEN Rd.

26 Suite, Apt. #, etc.

22 Lakeland P.O. Box 24373

27 City & State

23 LAKELAND, FL.

28 City & State

24 33809

29 Zip

25 U.S.A.

29 Country

30

30

4. FEI Number  
59-2898567

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

21. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Marvin W. Brice

(NOTE: Registered Agent signature required when reappointing)

April 8, 1996

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME HORNAK, DOTT  
STREET ADDRESS LAKELAND HARBOR, #278  
CITY - ST - ZIP LAKELAND FL 33805 ☒ DELETE

TITLE TD  
NAME BRICE, MARVIN  
STREET ADDRESS 3425 KATHLEEN ROAD  
CITY - ST - ZIP LAKELAND FL - 33809 ☐ DELETE

TITLE SD  
NAME HENDRICKSON, DIANNA A.  
STREET ADDRESS P.O. BOX 80 N/A  
CITY - ST - ZIP CYPRESS GARDENS FL 33884-0080 ☒ DELETE

TITLE VD  
NAME WOOD, EARL A.  
STREET ADDRESS 818 LAKE MARTHA DRIVE NE  
CITY - ST - ZIP WINTER HAVEN FL 33881 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP  
12 NAME STEWART, CHARLES W.  
13 STREET ADDRESS 7117 HARVARD ST.  
14 CITY - ST - ZIP LAKELAND, FL. ☐ Change ☒ Addition

21 TITLE  
22 NAME N/C  
23 STREET ADDRESS  
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE S.D.  
32 NAME MARIAN Reed  
33 STREET ADDRESS 4444 U.S. 98N # 296  
34 CITY - ST - ZIP LAKELAND, FL. 33809 ☐ Change ☐ Addition

41 TITLE V.D.  
42 NAME STAN STODDARD  
43 STREET ADDRESS P.O. Box 7824 N/A  
44 CITY - ST - ZIP INDIAN LAKES ESTATES FL 33855 ☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE 200001847792  
62 NAME -06/03/96--01034--036  
63 STREET ADDRESS \*\*\*61.25  
64 CITY - ST - ZIP ☐ Change ☐ Addition

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

April 29, 1996 (941) 838-3060  
CS511196

CR2E037 (12/95)