

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 08 1997 8:00am  
Secretary of State

DOCUMENT # N27465 (6)

1. Corporation Name

THE KATHLEEN, LAKE LAND, MULBERRY LIONS SIGHT COM  
MITTEE, INC.

Principal Place of Business

Mailing Address

3425 KATHLEEN RD  
P.O. BOX 24373  
LAKE LAND FL 33809  
US

3425 KATHLEEN RD  
P.O. BOX 24373  
LAKE LAND FL 33809  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/18/1988

3a. Date of Last Report  
05/01/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 590 E. Summerlin Street

26 P. O. Box 24373

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Bartow, Florida

28 Lakeland, Florida

Zip

Country

Zip

Country

24 33830

25 US

29 33809

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRICE, MARVIN W.  
3425 KATHLEEN ROAD  
LAKE LAND FL 33809

81 Name

James H. Ryland

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

590 E. Summerlin Street

83

84 City

Bartow,

FL

85 Zip Code

33830

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

James H. Ryland

September 2, 1997

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE

NAME STEWART, CHARLES W  
STREET ADDRESS 7117 HARVARD ST  
CITY-ST-ZIP LAKE LAND FL

TITLE TD ☒ DELETE

NAME BRICE, MARVIN  
STREET ADDRESS 3425 KATHLEEN ROAD  
CITY-ST-ZIP LAKE LAND FL

TITLE SD ☐ DELETE

NAME REED, MARIAN  
STREET ADDRESS 4444 U.S. 98 NO #296  
CITY-ST-ZIP LAKE LAND FL 33809

TITLE VD ☒ DELETE

NAME STODDARD, STAN  
STREET ADDRESS P.O. BOX 7824 / NA  
CITY-ST-ZIP INDIAN LAKES ESTATES FL 33855

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DC

Ryland, James H.

590 E. Summerlin Street

Bartow, FL 33830

DT

Marchman, Michael J.

1625 Wallace Avenue

Bartow, FL 33830

DV

Reed, Tom

4444 U.S. 98 No #296

Lakeland, FL 33809

14. I do 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 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 *Michael J. Marchman* REQUIRED

CR2E037 (4/97)