## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N27465

(6)

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

Principal Place of Business Mailing Address 600 E SUMMERLIN ST P O BOX 24373 3. Date Incorporated or Qualified BARTOW FL 33630 LAKELAND FL 33809 07/18/1988 Applied For 59-2898567 Not Applicable 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 4444 U. S. Hwy 98 North Suite, Apt. #, etc. 26 Fee Required Suite, Apt. #. etc. 6. Election Campaign Financing \$5,00 May Be #296 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Lakeland, Florida 28 Yes No Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 33809 USA 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Reed, Thomas R. RYLAND, JAMES H Street Address (P.O. Box Number is Not Acceptable) 4444 U. S. Hwy 98 North #296 82 **590 E SUMMERLIN ST** 83 BARTOW FL 33830 Lakeland 11. 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. I am lengths, 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 lengths, and accept the poligations of, Section 617.0503, Florida Statutes. April 20, 1998 SIGNATURE Thomas R. Reed
(NOTE Registered Agent signature required w 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE T Change RYLAND, JAMES H 1.2 NAME Reed, Thomas R. **500 E SUMMERLIN ST** STREET ADDRESS 1.3 STREET ADDRESS 4444 U. S. Hwy 98 North #296 CITY-ST-ZIP BARTOW FL 1.4 CITY-ST-ZIP Lakeland, Florida 33809 TITLE DELETE 2.1 TITLE Change Addition MARCHMAN, MICHAEL J NAME 2.2 NAME **1625 WALLACE AVE** STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP BARTOW FL 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition REED, MARIAN 3.2 NAME Gretoncord, Tom 4444 U.S. 98 NO #298 STREET ADDRESS 3.3 STREET ADDRESS 485 S. Seminole CITY-ST-ZIP LAKELAND FL 33809 3.4. CITY-ST-ZIP Florida 33850 DELETE TITLE 41 TITLE Change Addition REED, TOM 4.2 NAME Carpenter, Richard 4444 US 98 N #298 STREET ADDRESS 4.3 STREET ADDRESS 295 S. Orange Ave. LAKELAND FL CITY-S1-ZIP 4.4 CITY-ST-ZIP Bartow Florida 33830

14. 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 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.

51 TM F

5.2 NAME

**6.1 TITLE** 

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 8.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Marchan Michael J. Marchman

DELETE

DELETE

April 20, 1998

Change

Change

Addition

☐ Addition

FILED

Apr 28 1998 8:00am

Secretary of State

CR2E037 (10/97)