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Mar 22, 1999 8:00 am
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03-22-1999 90106 014 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27465

1. Corporation Name

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

Principal Place of Business

**4444 US HWY 98 N
SUITE 296
LAKE LAND FL 33809
US**

Mailing Address

**P O BOX 24373
LAKE LAND FL 33809
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/18/1988

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

9. Name and Address of Current Registered Agent

**REED, THOMAS R
4444 US HWY 98 N
SUITE 296
LAKE LAND FL 33809**

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DC
NAME REED, THOMAS R
STREET ADDRESS 4444 US HWY 98 N, #296
CITY-ST-ZIP LAKE LAND FL 33809

☐ DELETE

TITLE TD
NAME MARCHMAN, MICHAEL J
STREET ADDRESS 1625 WALLACE AVE
CITY-ST-ZIP BARTOW FL

☐ DELETE

TITLE SD
NAME GRETONCORD, TOM
STREET ADDRESS 485 S SEMINOLE
CITY-ST-ZIP LAKE ALFRED FL 33850

☒ DELETE

TITLE VD
NAME CARPENTER, RICHARD
STREET ADDRESS 295 S ORANGE AVE
CITY-ST-ZIP BARTOW FL 33830

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

VD
Albury, Hardy R.
1053 Clearview Avenue
Lakeland, FL 33801-5809

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE

Michael J. Marchman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 (941) 533-3131

Date

Daytime Phone #

CR2E037 (11/98)