

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N38391 1. Entity Name GRASSLANDS GOLF & COUNTRY CLUB, INC.	
--	---

Principal Place of Business 1600 GRASSLANDS BLVD. LAKELAND, FL 33803	Mailing Address 1600 GRASSLANDS BLVD. LAKELAND, FL 33803
--	--



03072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3012740	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MASS, LEONARD 3604 HARDEN BLVD LAKELAND, FL 33803	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

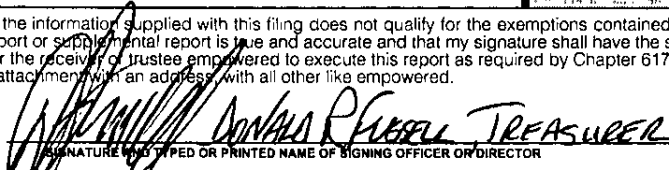
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS STILLWELL, JACK 530 BEACON PKWY WEST BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMELTZLY, HALL 815 WHITE STONE CT LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIBLER, D. BURKE III 92 LAKE WIRE DR. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUSSELL, DONALD R 3604 HARDEN BLVD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASS, LEONARD 3604 HARDEN BLVD. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

0000000368908
04/09/08-80027-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **3/7/08 (863) 647-1100 EXT. 237**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #