


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90024 044 ****61.25

DOCUMENT # N40628			
1. Entity Name PAINT YOUR HEART OUT LAKELAND, INC.			
Principal Place of Business 145 E. EDGEWOOD DR. LAKELAND, FL 33803		Mailing Address P.O. BOX 1712 LAKELAND, FL 33802	
2. Principal Place of Business - No P.O. Box # 2731 Nevada Rd		3. Mailing Address Suite, Apt. #, etc.	
City & State Lakeland FL		City & State	
Zip 33803	Country USA	Zip	Country
6. Name and Address of Current Registered Agent BRUCE, ALEXANDER M 701 JEFFERSON AVE LAKELAND, FL 33811		7. Name and Address of New Registered Agent Name Jean S Bias Street Address (P.O. Box Number is Not Acceptable) 2731 Nevada Rd City Lakeland FL Zip Code 33803	
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 Jean S Bias Jean S Bias <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3/22/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCE, ALEXANDER M 701 JEFFERSON AVE LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chanel Belloffo 1501 Grasslands Blvd Lakeland FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete SUTTON, BERNICE 1501 GRASSLANDS BLVD., #22 LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jean S Bias 2731 Nevada Rd Lakeland FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete SMITH, PATRICK 1434 THOMASVILLE CIRCLE LAKELAND, FL 33811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SAULSBURY, REBECCA 3520 CLEVELAND HEIGHTS #208 LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Linda Varnadore P.O. Box 988 Lakeland FL 33802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SPIVEY, TIM 730 E MAIN ST LAKELAND, FL 33801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Chanel Belloffo** **Chanel Belloffo** **3/26/08** **863-687-1941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #