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03-01-1999 90033 030 ****70.00

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N45629

1. Corporation Name

POND - C - ISLAND CHAPEL DRIVE-IN, INC.

Principal Place of Business

6727 EAST ROAD
LAKELAND FL 33809
US

Mailing Address

6727 EAST ROAD
LAKELAND FL 33809
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

10/14/1991

4. FEI Number

59-3071000

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

**SLAMA, RONEY LEWIS
6727 EAST ROAD
LAKELAND 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

TITLE **DRP** ☐ DELETE
NAME **HILL, JAMES ELLIS**
STREET ADDRESS **3510 BENNETT DRIVE**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **DV** ☐ DELETE
NAME **HUMMERICK, MARSHA**
STREET ADDRESS **39402 RICHMOND ROAD**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **DSTV** ☐ DELETE
NAME **SLAME, RONEY LEWIS**
STREET ADDRESS **6727 EAST ROAD**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **DT** ☐ DELETE
NAME **HOLT, BETTY CAROLINE**
STREET ADDRESS **1245 ENTERPRISE STREET**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME **DT**
4.3 STREET ADDRESS **KATHY KANE**
4.4 CITY-ST-ZIP **1123 WALT WILLIAMS RD. #80**
LAKELAND, FL. 33809

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

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

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: *Roney Lewis, Slama*

SIGNATURE REQUIRED

Roney Lewis, Slama 1-28-99 (941) 859-6727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)