

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90018 024 \*\*\*\*61.25

**DOCUMENT # N46305**

1. Entity Name

LAKE REGION FOOTBALL OFFICIALS ASSOCIATION,  
INC.



Principal Place of Business

Mailing Address

P.O. BOX 8766  
LAKELAND FL 33806

P.O. BOX 8766  
LAKELAND FL 33806



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-3075585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME GARRISON, ANDREW  
STREET ADDRESS 2953 MORRIS DR  
CITY-ST-ZIP BARTOW FL 33830

TITLE T ☐ Change ☒ Addition  
NAME Robert Greco  
STREET ADDRESS 325 Audubon Oaks Dr. #203  
CITY-ST-ZIP Lakeland, FL 33809

TITLE D ☐ Delete  
NAME DUFFY, DENNIS  
STREET ADDRESS 10820MHIGHVIEW DR  
CITY-ST-ZIP DADE CITY FL 33525

TITLE D ☐ Change ☒ Addition  
NAME John Akins  
STREET ADDRESS 1201 12th Court NE  
CITY-ST-ZIP Winter Haven, FL 33881

TITLE D ☒ Delete  
NAME DETRICK, MARK  
STREET ADDRESS 129 LK HOWARD DR W  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ Change ☒ Addition  
NAME Tim Horner  
STREET ADDRESS 3324 Palmview Circle East  
CITY-ST-ZIP Auburndale, FL 33823

TITLE D ☐ Delete  
NAME FOUNTAIN, JOE  
STREET ADDRESS 6010N IDLE A WHILE CR.  
CITY-ST-ZIP DADE CITY FL 33523

TITLE D ☐ Change ☒ Addition  
NAME George Watson  
STREET ADDRESS 1750 Gibbons Street  
CITY-ST-ZIP Bartow, FL 33830

TITLE D ☒ Delete  
NAME HELTON, LARRY  
STREET ADDRESS 935 W DEES ROAD  
CITY-ST-ZIP LAKELAND FL 33809

TITLE D ☐ Change ☒ Addition  
NAME Joe Galyan Jr.  
STREET ADDRESS 4611 Court St.  
CITY-ST-ZIP Zephyrhills, FL 33541

TITLE D ☒ Delete  
NAME YODONIS, FRANK  
STREET ADDRESS POB 381  
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE P ☐ Change ☒ Addition  
NAME Frank Yodonis  
STREET ADDRESS P.O. Box 381  
CITY-ST-ZIP Frostproof, FL 33843

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS DUFFY

Date

4/9/07

Daytime Phone #

352-206-5769