FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CO DOCUMENT # N9300004066 (7)

LAKELAND REBOUNDERS, INC.

Principal Place of Business Mailing Address					(1121) and 1210 and 2210 and	
	SSOURI AVENUE		811 SOUTH MISSOURI AVENUE			3. Date Incorporated or Qualified
LAKELAND FL US	33815	LAKELAND FL 33801	LAKELAND FL 33801			09/03/1993
00						4. FEI Number Applied For
						59-3199606 Not Applicable
	lace of Business	2a. Mailing Address	2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Fee Required 6. Election Campaign Financing \$5.00 May Be
22	,	27	7			Trust Fund Contribution Added to Fees
City & State	6	City & State				7. Is this nonprofit corporation a homeowners association?
23	28					☐ Yes ☐ No
Zip	Country	Zip	-	Country		8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Cur	rent Registered Agent	30	T		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	9, Name and Address of Cur	tetit vedisteten väett		81	Name	
LEE, JIN	1					
	II Uth Missouri Avenue			82	Street	et Address (P.O. Box Number is Not Acceptable)
	ND FL 33801			83		
	110 1 1 00001					
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida Stat	utes, the al	bove	-namec	ed 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			d Ager	nt signatur	ure required when reinstaling) DATE
12.	D OFFICERS A	AND DIRECTORS DELETE	13,	71 F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	LEE. JIM		1.1 II			L Change L Audition
STREET ADORESS	625 SAGAMORE STREET				ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803			ITY-ST		
TITLE	D	DELETE	2.1 []		- 211	Change Addition
NAME	LEE, NANNETT S		2.2 N	AME		
STREET ADDRESS	625 SAGAMORE ST		2.3 \$1	TREET A	ADDRESS	s
CITY-ST-ZIP	LAKELAND FL		2.40	ITY - \$1	T-ZIP	
TITLE	D	DELETE	3.1 T(TLE		Change Addition
NAME	LEE, J. R		3.2 N	AME		
STREET ADDRESS	625 SEGAMORE ST		3.3 \$	TREET A	ADDRESS	S
CITY-ST-ZIP	LAKELAND FL	DELETE		11Y-S1	T-ZIP	Change Addition
TITLE NAME		ריו הברבוב	4.1 TI			L Change L Addition L
STREET ADDRESS			4.2 N		ADDRESS	,
CITY-ST-ZIP				IHEET A		<u>' </u>
TITLE		DELETE	51 TI		- Lir	Change Addition
NAME		_ _	52 N			
STREET ADORESS					ADDRESS	3
CITY-ST-ZIP			5.4 CI	ITY-ST	- ZIP	
TITLE		DELETE	6.1 TI	TLE		Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 \$1	TREET A	ADDRESS	s
CITY-ST-ZIP		I was also to	6.4 CI	TY-ST	- ZIP	
indicated.	on this annual report or suppleme	ental annual report is true and ar	ccurate and	d tha	t my sir	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 attaz						
Shout to brown to it offertiged, of off at adaptifiged.						