FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000004084 (0)

1. Corporation Name

LEADERSHIP LAKELAND X CHILDREN'S FUND, INC.

Principal Place of Business	Mailing Address
1701 S FLORIDA AVE LAKELAND FL 33803	P O BOX 2323 LAKELAND FL 33806

3. Date Incorporated or Qualified 09/07/1993	3a. Date of Last Report 05/01/1995

4. FEI Number 59-3207172	Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	**26**
Suite, Apt. #, etc. **22**	Suite, Apt #, etc. **27**
City & State **23**	City & State **28**
Zip **24**	Country **25**	Zip **29**	Country **30**

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
ALLEN, PHILIP O 1701 SOUTH FLORIDA AVE LAKELAND FL 33803	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **PTD**	☐DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME **TUCKER, JESS**		1.2 NAME			
STREET ADDRESS **2408 COVENTRY AVE**		1.3 STREET ADDRESS			
CITY-ST-ZIP **LAKELAND FL 33803**		1.4 CITY-ST-ZIP			
TITLE **VSD**	☐DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME **ALLEN, PHILIP O**		2.2 NAME			
STREET ADDRESS **2208 FAIRMONT AVE**		2.3 STREET ADDRESS			
CITY-ST-ZIP **LAKELAND FL 33803**		2.4 CITY-ST-ZIP			
TITLE **D**	☐DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME **BALOGH, SHIRLEY A**		3.2 NAME			
STREET ADDRESS **1498 LONGOAK DRIVE SOUTH**		3.3 STREET ADDRESS			
CITY-ST-ZIP **LAKELAND FL 33811**		3.4 CITY-ST-ZIP			
TITLE	☐DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 4/29/96   Daytime Phone #

CR2E037 (12/95)