

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002518 (6)

1. Corporation Name  
LAKELAND CARDINALS CORP

Principal Place of Business: 504 N.W. 4TH ST, HAINES CITY FL 33844, US  
Mailing Address: 504 N.W. 4TH ST, HAINES CITY FL 33844, US



3. Date Incorporated or Qualified: 05/13/1996  
4. FEI Number: 59-3351755  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
CARDINALS, LAKELAND  
504 N.W. 4TH ST  
HAINES CITY FL 33844

10. Name and Address of New Registered Agent (81-85)

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JESSIE	
STREET ADDRESS	1048 ANDERSON AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	THOMAS, BEVERLY	
STREET ADDRESS	3016 MILNER DR. S.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HENDRIX, LUCILLE	
STREET ADDRESS	515 CARROLL AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BORAH, WILLIAM S	
STREET ADDRESS	1118 NUTMEG DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARTER, SHIRLEY D	
STREET ADDRESS	712 PONDEROSA DR. E	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ACT	<input type="checkbox"/> DELETE
NAME	ODORE, JERRY B	
STREET ADDRESS	1530 CANDYCE ST	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CATrena Hayes D	
1.3 STREET ADDRESS	719 Candyce Av.	
1.4 CITY-ST-ZIP	LAKELAND FL 33815	
2.1 TITLE	ASSIST COMM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHNATHAN OWEN D	
2.3 STREET ADDRESS	2401 CANNON ST.	
2.4 CITY-ST-ZIP	Lakeland FL 33815	
3.1 TITLE	BRADICE P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHASTA SHAW T	
3.3 STREET ADDRESS	910 SHARLY ANN TR.	
3.4 CITY-ST-ZIP	LAKELAND FL 33809	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Davis Hendrix* 1-6-98 941-422-4857

CR2E037 (10/97)