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**Secretary of State**

0057867

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

03-09-1999 90123 046 \*\*\*\*70.25

DOCUMENT # N96000002518

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/13/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3351755

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARDINALS, LAKELAND  
 504 N.W. 4TH ST  
 HAINES CITY FL 33844

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 VPD  DELETE  
 NAME WILLIAMS, JESSIE  
 STREET ADDRESS 1048 ANDERSON AVE.  
 CITY-ST-ZIP LAKELAND FL

1.1 TITLE  Change  Addition  
 1.2 NAME Kennedy STRONG  
 1.3 STREET ADDRESS P.O. Box 91524  
 1.4 CITY-ST-ZIP Lakeland FL 33804

TITLE VPT  DELETE  
 NAME THOMAS, BEVERLY  
 STREET ADDRESS 3016 MILNER DR. S.  
 CITY-ST-ZIP LAKELAND FL

2.1 TITLE  Change  Addition  
 2.2 NAME Sheniqua Davis  
 2.3 STREET ADDRESS 3512 MILNER DR. S.  
 2.4 CITY-ST-ZIP Lakeland FL 33810

TITLE VP  DELETE  
 NAME HAYES, CATRENA  
 STREET ADDRESS 719 CANYCE AVE  
 CITY-ST-ZIP LAKELAND FL 33815

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

TITLE AC  DELETE  
 NAME OWEN, JOHNATHAN  
 STREET ADDRESS 2401 CANNON ST  
 CITY-ST-ZIP LAKELAND FL 33809

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE T  DELETE  
 NAME CARTER, SHIRLEY D  
 STREET ADDRESS 712 PONDEROSA DR. E  
 CITY-ST-ZIP LAKELAND FL

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

TITLE ACT  DELETE  
 NAME ODORE, JERRY B  
 STREET ADDRESS 1530 CANDYCE ST  
 CITY-ST-ZIP LAKELAND FL

6.1 TITLE  Change  Addition  
 6.2 NAME ACT - George Merrweather  
 6.3 STREET ADDRESS 2227 Baker Dairy Rd.  
 6.4 CITY-ST-ZIP Haines City FL 33844

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: *[Signature]* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 419 9027

CR2E037 (11/98)