
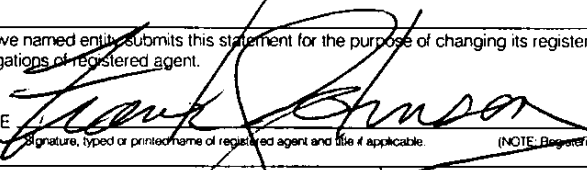
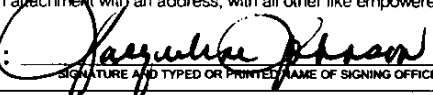


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90033 041 ****61.25

DOCUMENT # N04000005742					
1. Entity Name LAKELAND HOTEL & MOTEL ASSOCIATION, INC.					
Principal Place of Business 35 LAKE MORTON DRIVE LAKELAND, FL 33801 US			Mailing Address P.O. BOX 3607 LAKELAND, FL 33802 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1218376	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, FRANK 35 LAKE MORTON DRIVE LAKELAND, FL 33801			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 		5-1-08		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODO-TURNER, DEBBIE		NAME	Neil Gal - VP	
STREET ADDRESS	4315 LAKELAND PARK DRIVE		STREET ADDRESS	3311 US Hwy 98N	
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, CARLTON		NAME		
STREET ADDRESS	P.O. BOX 6271		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33807		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, BRUCE		NAME		
STREET ADDRESS	329 E MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, MIKE		NAME		
STREET ADDRESS	3264 SANOMA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEDHAM, SUSAN		NAME		
STREET ADDRESS	3405 S. FLORIDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JACQUELINE		NAME		
STREET ADDRESS	P.O. BOX 3607		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33802		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Jacqueline Johnson		5-1-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 863-688-8551	