

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002239

Entity Name: LAKELAND ECONOMIC DEVELOPMENT COUNCIL, INC.**Current Principal Place of Business:**502 EAST MAIN STREET
LAKELAND, FL 33801**Current Mailing Address:**502 EAST MAIN STREET
LAKELAND, FL 33801 US**FEI Number:** 45-4919549**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALLOCK, DAVID DJR.
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CHAIRMAN
Name BAYLIS, TODD
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title PRESIDENT
Name SCRUGGS, STEVEN J
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title SECRETARY
Name HARRELL, WILLIAM
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name TURNER, KAREN
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title PAST CHAIRMAN
Name BECK, WESLEY
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title VC
Name CORY, PETCOFF
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title TREASURER
Name NESLUND, CALLIE
Address 502 E. MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name SMITH, MICHAEL
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN J. SCRUGGS**PRESIDENT****02/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CABRERA, MARK
Address	502 EAST MAIN STREET
City-State-Zip:	LAKELAND FL 33801