| 400 N. FLORIE<br>LAKELAND, F                  |   |                      |  |            |
|---|---|----------------------|--|------------|
| Current Ma                                    | iling Address:  |                      |  |            |
| 400 N. FLO<br>LAKELAND                        |   |                      |  |            |
| FEI Number: 46-1805040                        |   |                      | Certificate of Status Desired: Yes       |            |
| Name and Address of Current Registered Agent: |   |                      |  |            |
| MCELWAIN, M<br>400 N. FLORIE<br>LAKELAND, FL  | DA AVE.   |                      |  |            |
| The above name                                | d entity submits this statement for the purpose of changing its reg | istered office or re | gistered agent, or both, in the State of | Florida.   |
| SIGNATURE: MICHAEL MCELWAIN                   |   |                      |  | 06/30/2020 |
|   | Electronic Signature of Registered Agent                            |                      |  | Date       |
| Officer/Dire                                  | ctor Detail :   |                      |  |            |
| Title   | SECRETARY   | Title                | TREASURER                                |            |
| Name  | MILLER, STEPHANIE   | Name                 | PEPIN, JULIE                             |            |
| Address                                       | 400 N. FLORIDA AVE.   | Address              | 400 N. FLORIDA AVE.                      |            |

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: MONICA SHAMBLIN

TREASURER

06/30/2020

Electronic Signature of Signing Officer/Director Detail

#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N13000001488

### Entity Name: LAWTON CHILES MIDDLE ACADEMY BAND BOOSTERS, INC.

## **Current Principal Place of Business:**

#### te. City-State-Zip: LAKELAND FL 33801 City-State-Zip: LAKELAND FL 33801 Title ASST. TREASURER PRESIDENT Title Name MONICA, SHAMBLIN Name MAYES, CHRISTOPHER 400 N. FLORIDA AVE. Address 400 N. FLORIDA AVE Address City-State-Zip: LAKELAND FL 33801 City-State-Zip: LAKELAND FL 33801

Date

# FILED Jun 30, 2020 Secretary of State 6269338104CC