619 E. ORAI	<b>ling Address:</b> NGE STREET FL 33801 US			
FEI Number: 59-3331721			Certificate of Status Desired: Yes	
Name and A	Address of Current Registered Agent:			
SMITH, KEITH ONE LAKE MO LAKELAND, FL	RTON DRIVE			
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	E: KEITH C. SMITH			01/24/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	CEO	Title	PRESIDENT	
Name	BARNES, BARBARA A	Name	NORRIS, PETRA	
Address	619 E. ORANGE STREET	Address	619 E. ORANGE STREET	
City-State-Zip:	LAKELAND FL 33801	City-State-Zip:	LAKELAND FL 33801	
Title	DIRECTOR	Title	DIRECTOR	
Name	LUTZ, JANA	Name	INGRAM, GEOFFREY	
Address	619 E. ORANGE STREET	Address	619 E. ORANGE STREET	
City-State-Zip:	LAKELAND FL 33801	City-State-Zip:	LAKELAND FL 33801	
Title Name	SECRETARY MOORE-JOHNSON, BRANDON	Title Name	TREASURER HAMPTON, JAMES	

## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N15000000451

### Entity Name: LAKELAND ASSOCIATION OF REALTORS FOUNDATION INC

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

619 E. ORANGE STREET LAKELAND, FL 33801

# 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: BARBARA A. BARNES

City-State-Zip: LAKELAND FL 33801

CEO

City-State-Zip: LAKELAND FL 33801

Electronic Signature of Signing Officer/Director Detail

FILED Jan 24, 2024 Secretary of State 6963924017CC