

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711768

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** LAKELAND AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

35 LAKE MORTON DRIVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3607  
LAKELAND, FL 338023607

**New Mailing Address:**

**FEI Number:** 59-0324437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUNSON, KATHLEEN L  
35 LAKE MORTON DRIVE  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: CAMPBELL, TIMOTHY F  
Address: 500 S. FLORIDA AVE, STE. 800  
City-St-Zip: LAKELAND, FL 338015271 US

Title: D ( ) Delete  
Name: LARRY, DURRENCE  
Address: 999 AVENUE H NE  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: C ( ) Delete  
Name: MAUREEN, SHAW  
Address: 1125 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805 US

Title: T ( ) Delete  
Name: TARR, GARY  
Address: 2222 INTERSTATE DR  
City-St-Zip: LAKELAND, FL 338052307 US

Title: PSD ( ) Delete  
Name: MUNSON, KATHLEEN L  
Address: 35 LAKE MORTON DRIVE  
City-St-Zip: LAKELAND, FL 33801 US

Title: D (X) Delete  
Name: NORIS, PAUL  
Address: 4100 FRONTAGE ROAD SOUTH  
City-St-Zip: LAKELAND, FL 33815 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C (X) Change ( ) Addition  
Name: PAUL, NORIS  
Address: 101 S. FLORIDA AVE  
City-St-Zip: LAKELAND, FL 338014619 US

Title: D (X) Change ( ) Addition  
Name: MAUREEN, SHAW  
Address: 1125 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN L. MUNSON

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date