2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# 711768

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

Title: D ( ) 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: ANU, SAXENA
Address: 20 LAKE WIRE DRIVE, STE. 200
City-St-Zip: LAKELAND, FL 33815 US

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 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 04/23/2008

Electronic Signature of Signing Officer or Director — Date