

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711768

FILED  
Apr 15, 2009  
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: C ( ) Delete  
Name: CAMPBELL, TIMOTHY F  
Address: 500 S. FLORIDA AVE, STE. 800  
City-St-Zip: LAKELAND, FL 338015271 US

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

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

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

Title: D (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: RUTHVEN, JOE L  
Address: 41 LAKE MORTON DRIVE  
City-St-Zip: LAKELAND, FL 33801 US

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

Title: T (X) Change ( ) Addition  
Name: WILKERSON, WALKER  
Address: 811 E. MAIN STREET  
City-St-Zip: LAKELAND, FL 33801 US

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

Title: D ( ) Change (X) Addition  
Name: WILSON, MARK E  
Address: 3675 INNOVATION DRIVE  
City-St-Zip: LAKELAND, FL 33812 US

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

PSD

04/15/2009

Electronic Signature of Signing Officer or Director

Date