

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720446

FILED
Apr 25, 2007
Secretary of State

Entity Name: LAKELAND BAR ASSOCIATION, INC.

Current Principal Place of Business:

POB 2883
LAKELAND, FL 33806 US

New Principal Place of Business:

840 S WILSON AVENUE
BARTOW, FL 33830

Current Mailing Address:

POB 2883
LAKELAND, FL 33806 US

New Mailing Address:

840 S. WILSON AVENUE
BARTOW, FL 33830 US

FEI Number: 23-7426474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPPE, JONN D
225 E LEMON ST STE 300
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

REYES PEACOCK, SARA
840 S WILSON AVENUE
BARTOW, FL 33830 US

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: SARA REYES PEACOCK

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAIL, RICHARD C
Address: ONE LAKE MORTON DR
City-St-Zip: LAKELAND, FL 33802

Title: VD () Delete
Name: HOPPE, JONN D
Address: 225 E LEMON ST STE 300
City-St-Zip: LAKELAND, FL 33801

Title: TD () Delete
Name: REYES-PEACOCK, SARA
Address: 846 S WILSON AVE
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOPPE, JONN D
Address: 225 E LEMON ST STE 300
City-St-Zip: LAKELAND, FL 33801

Title: VD (X) Change () Addition
Name: FORE, ROBERT M
Address: ONE LAKE MORTON DRIVE
City-St-Zip: LAKELAND, FL 33802

Title: TD (X) Change () Addition
Name: REYES PEACOCK, SARA
Address: 840 S WILSON AVE
City-St-Zip: BARTOW, FL 33830

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: SARA REYES PEACOCK

TD

04/25/2007

Electronic Signature of Signing Officer or Director

Date