

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90005 025 \*\*\*\*70.00

|  |                                 |  |  |   |  |
|--|---------------------------------|--|--|---|--|
| <b>DOCUMENT # 722119</b><br>1. Entity Name<br><b>THE LAKELAND ART GUILD, INC.</b>  |                                 |  |  |   |  |
| Principal Place of Business<br>707 E. LEMON ST.<br>PO BOX 353<br>LAKELAND, FL 33802  |                                 |  | Mailing Address<br>PO BOX 353<br>LAKELAND, FL 33802 US |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                                 | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.  |  |   |  |
| City & State   |                                 | City & State   |  | 4. FEI Number<br><b>23-7155792</b>  |  |
| Zip  |                                 | Country  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JOHNSON, VICTORIA L</b><br><b>210 VICTOR RD</b><br><b>LAKELAND, FL 33809</b>   |                                 |  |  | 7. Name and Address of New Registered Agent<br>Name <b>LINDA M. McALLISTER</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>2002 E. GACHET BLVD.</b><br>City <b>LAKELAND</b> FL Zip Code <b>33813</b> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |                                 |  |  |   |  |
| SIGNATURE <i>Linda M. McAllister</i> <b>LINDA M. McALLISTER, TREASURER</b> <b>3-6-07</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>   |                                 |  |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |                                 |  |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE  | ED                              | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | <b>JOHNSON, VICTORIA L</b>      |  | NAME   |   |  |
| STREET ADDRESS   | <b>210 VICTOR RD</b>            |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>LAKELAND, FL 33809</b>       |  | CITY-ST-ZIP  |   |  |
| TITLE  | P                               | <input type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>DUNNING, JERRY</b>           |  | NAME   | <b>PRESIDENT</b>  |  |
| STREET ADDRESS   | <b>921 EAST PARKER ST, # 3</b>  |  | STREET ADDRESS   | <b>1951 MICHELLE LN.</b>  |  |
| CITY-ST-ZIP  | <b>LAKELAND, FL 338011801</b>   |  | CITY-ST-ZIP  | <b>LAKELAND, FL 33813</b>   |  |
| TITLE  | S                               | <input type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>GILLIAM, TINA</b>            |  | NAME   | <b>SECRETARY</b>  |  |
| STREET ADDRESS   | <b>8704 PINE TREE DR</b>        |  | STREET ADDRESS   | <b>THIELE, KARL</b>   |  |
| CITY-ST-ZIP  | <b>LAKELAND, FL 33809</b>       |  | CITY-ST-ZIP  | <b>P.O. BOX 91274</b>   |  |
| TITLE  | 1V                              | <input type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>TREVERTON, ANTONIA</b>       |  | NAME   | <b>V</b>  |  |
| STREET ADDRESS   | <b>4722 BURGUNDY PLACE</b>      |  | STREET ADDRESS   | <b>GEIGER, JOSEPH D.</b>  |  |
| CITY-ST-ZIP  | <b>LAKELAND, FL 33813</b>       |  | CITY-ST-ZIP  | <b>34743 MISSIONARY RD.</b>   |  |
| TITLE  | T                               | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | <b>MCALLISTER, LINDA</b>        |  | NAME   | <b>DADE CITY, FL 33525</b>  |  |
| STREET ADDRESS   | <b>2002 E GACHET BLVD</b>       |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>LAKELAND, FL 33813</b>       |  | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                 |  | NAME   |   |  |
| STREET ADDRESS   |                                 |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                 |  | CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                 |  |  |   |  |
| <b>SIGNATURE:</b> <i>Linda M. McAllister</i> <b>LINDA M. McALLISTER</b> <b>3-6-07</b> <b>863-644-7117</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                                 |  |  |   |  |