

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 722119 1. Entity Name THE LAKELAND ART GUILD, INC.						FILED 08 APR 28 PM 1:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 707 E. LEMON ST. PO BOX 353 LAKELAND, FL 33802				Mailing Address PO BOX 353 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					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCCALLISTER, LINDA M 2002 E. GACHET BLVD. LAKELAND, FL 33813				Name Niki Larsson Street Address (P.O. Box Number is Not Acceptable) 206 ORANGEVIEW LANE City Lakeland FL Zip Code 33803			
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>Niki Larsson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-22-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	MILLIKEN, TARA	2022 ROXBURG LN. LAKELAND, FL 33815				
	S	THIELE, KARL	P.O. BOX 91274 LAKELAND, FL 338041274				
	V	MCCALLISTER, LINDA	2002 E. GACHET BLVD. LAKELAND, FL 33813				
	T	LARSON, NIKI	206 ORANGEVIEW LN. LAKELAND, FL 33803				
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.							
SIGNATURE: <i>Niki Larsson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4-22-08 DAYTIME PHONE # 863-286-7479			