

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY -1 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726172 (0)

1. Corporation Name

LAKELAND AREA CHAMBER FOUNDATION, INC.

Principal Place of Business

35 LAKE MORTON DR
P.O. BOX 3607
LAKELAND FL 33802-0807

Mailing Address

35 LAKE MORTON DR
P.O. BOX 3607
LAKELAND FL 33802-0807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1973

3a. Date of Last Report

03/15/1994

4. FEI Number

59-7292186

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPERRY, KATHLEEN L
35 LAKE MORTON DRIVE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
VD	LOFTIN, W. H.	5151 S. FLORIDA AVE., SUITE 13	LAKELAND FL
VD	SPERRY, KATHLEEN L	35 LAKE MORTON DR	LAKELAND, FL 00000
VD	WEEKS, RALPH	1625 GEORGE JENKINS BLVD	LAKELAND FL
VD	MUNSON, PETER	1701 S. FLORIDA AVE.	LAKELAND FL
DT	DUNNE, PHILIP	ONE OKEO BLVD	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	Thomas W. Moore, Jr.	210 Neptune Rd	Auburndale, FL 33823	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
P/S				☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
C/D	Don Whitworth	401 Missouri Ave.	33801	☒	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
General Counsel				☒	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
	John Griffin	101 W. Main St., Ste. 100	33801	☒	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
D/V	F. Robert Becker	2910 Maine Ave.	Eaton Park, FL 33801	☐	☒

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathleen L. Sperry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen L. Sperry, President 4/17/95 813/688-8551

Date

Signature / Phone #