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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726172

1. Corporation Name
LAKELAND AREA CHAMBER FOUNDATION, INC.

Principal Place of Business	Mailing Address
35 LAKE MORTON DR P.O. BOX 3607 LAKELAND FL 33802-0607	35 LAKE MORTON DR P.O. BOX 3607 LAKELAND FL 33802-0607

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
04/19/1973

4. FEI Number
59-7292186
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	XX	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DUNNE, PHILL		1.2 NAME		
STREET ADDRESS	1839 PINNACLE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-ST-ZIP		
TITLE	PS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPERRY, KATHLEEN L		2.2 NAME		
STREET ADDRESS	35 LAKE MORTON DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARNETT, BARNEY		3.2 NAME		
STREET ADDRESS	1936 GEORGE JENKINS BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	[illegible]		4. 2 NAME	Ron Clark	
STREET ADDRESS	[illegible]		4.3 STREET ADDRESS	4740 Cleveland Hgts. Blvd.	
CITY-ST-ZIP	[illegible]		4.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	XX	☐ DELETE	5.1 TITLE	C	☒ Change ☐ Addition
NAME	GRIFFIN, JOHN		5.2 NAME		
STREET ADDRESS	101 W. MAIN ST, SUITE 100		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, JR T W		6.2 NAME		
STREET ADDRESS	210 NEPTUNE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: [signature] REQUIRED 4/1/99 (941) 688-8551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)