2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726172

FILED Apr 23, 2008 Secretary of State

Entity Name: LAKELAND AREA CHAMBER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 35 LAKE MORTON DR 35 LAKE MORTON DRIVE LAKELAND, FL 33801 **New Mailing Address: Current Mailing Address:** P.O. BOX 3607 LAKELAND, FL 338023607 US FEI Number: 59-7292186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUNSON, KATHLEEN L 35 LAKE MORTON DRIVE LAKELAND, FL 33801 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HOPPE, JONN ATTAWAY, JOHN JR. Name: Name: 225 E LEMON ST Address: 3300 PUBLIX CORPORATE PARKWAY Address: City-St-Zip: LAKELAND, FL 33801 US City-St-Zip: LAKELAND, FL 33811 US Title: PSD () Delete Title: () Change () Addition MUNSON, KATHLEEN L Name: Name: Address: 35 LAKE MORTON DR Address: City-St-Zip: LAKELAND, FL 33801 US City-St-Zip: Title: () Delete Title: (X) Change () Addition SHAW, MAUREEN SAXENA, ANU Name: Name: 1125 LAKELAND HILLS BLVD. 20 LAKE WIRE DRIVE, STE. 200 Address: Address: City-St-Zip: LAKELAND, FL 33805 US City-St-Zip: LAKELAND, FL 33815 US () Delete Title: Title: () Change () Addition TARR, GARY Name: Name: 2222 INTERSTATE DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33805 US City-St-Zip: Title: () Delete Title: (X) Change () Addition NORIS, PAUL NORIS, PAUL Name: Name: 101 S. FLORIDA AVE. Address: Address: 101 S. FLORIDA AVE. LAKELAND, FL 338014619 US City-St-Zip: City-St-Zip: LAKELAND, FL 338014619 US Title: () Delete Title: () Change () Addition TIMOTHY, CAMPBELL Name: Name: Address: 500 S FLORIDA AVE, STE 800 Address: LAKELAND, FL 33801 US City-St-Zip: City-St-Zip:

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: KATHLEEN L. MUNSON PSD 04/23/2008