

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731898

FILED
Jul 30, 2008
Secretary of State

Entity Name: LAKELAND AUTOMOBILE DEALERS ASSOCIATION, INC.

Current Principal Place of Business:

807 WHITESTONE CT
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2335
LAKELAND, FL 33806

New Mailing Address:

FEI Number: 59-0182685 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRUEBLOOD, SUZANNE P.
807 WHITESTONE CT
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: HOLLEY, MICHAEL
Address: 1025 US 98 SOUTH
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: CAMPISI, SAL J
Address: 2615 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: JENKINS, JAMES F
Address: 941 E. MAIN ST.
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: CANNON, TERRY
Address: 5210 S. FLA AVE
City-St-Zip: LAKELAND, FL

Title: P () Delete
Name: MUTZ-WICKENKAMP, MARCY
Address: 1430 WEST MEMORIAL BLVD
City-St-Zip: LAKELAND, FL 33815

Title: D () Delete
Name: DOHERTY, CHRIS
Address: 1200 W MEMORIAL BLVD
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: CANNON, TERRY
Address: 5210 S. FLA AVE
City-St-Zip: LAKELAND, FL

Title: D (X) Change () Addition
Name: MUTZ-WICKENKAMP, MARCY
Address: 1430 WEST MEMORIAL BLVD
City-St-Zip: LAKELAND, FL 33815

Title: () Change () Addition
Name:
Address:
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: TERRY CANNON

PRES

07/30/2008

Electronic Signature of Signing Officer or Director

Date