

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731898

FILED  
Apr 18, 2011  
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 ( )**

**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: P  
Name: GORDON, GARY  
Address: 4285 BUSINESS PARK DRIVE  
City-St-Zip: LAKELAND, FL 33815

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

Title: VP  
Name: JENKINS, JAMES F  
Address: 941 E. MAIN ST.  
City-St-Zip: LAKELAND, FL

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE P TRUEBLOOD

SEC

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date