

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90016 006 \*\*\*\*61.25

**DOCUMENT # 748059**

1. Entity Name

HISTORIC LAKELAND, INC.



Principal Place of Business

P O BOX 3347  
LAKELAND FL 33802

Mailing Address

P O BOX 3347  
LAKELAND FL 33802

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1997389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHRISTIAN, TODD B  
3015 BUCKINGHAM AVE  
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Ann Wilson

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

605 McRorie Avenue

City

Lakeland

FL

Zip Code

33803

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ann M. Wilson*

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

(NOTE: Registered Agent signature is required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPT ☒ Delete  
NAME WILSON, ANN  
STREET ADDRESS 605 MCRORIE AVE  
CITY-ST-ZIP LAKELAND FL 33803

TITLE P ☒ Delete  
NAME TODD, CHRISTIAN  
STREET ADDRESS 3015 BUCKINGHAM AVE  
CITY-ST-ZIP LAKELAND FL 33801

TITLE SD ☐ Delete  
NAME HAAR, ROGER  
STREET ADDRESS 717 SUCCESS AVE  
CITY-ST-ZIP LAKELAND FL 33801

TITLE TD ☐ Delete  
NAME HATTEN, WILLIAM  
STREET ADDRESS 111 LAKE HOLLINGSWORTH  
CITY-ST-ZIP LAKELAND FL 33801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Ann Wilson, President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 605 McRorie Avenue  
CITY-ST-ZIP Lakeland, FL 33803

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ann M. Wilson*