

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 768728 (8)
1. Corporation Name
NORTH LAKELAND MERCHANTS ASSOCIATION, INC.Principal Place of Business
5320 U.S. HWY 98N
P.O. BOX 24551
LAKELAND FL 33809
Mailing Address
5320 U.S. HWY 98N
P.O. BOX 24551
LAKELAND FL 33802-45513. Date Incorporated or Qualified 06/02/1983
3a. Date of Last Report 10/28/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2482338	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTERS, BETTY
2020 COMBEE ROAD S.
LAKELAND FL 33801

81 Name Jack English	85 Zip Code FL
82 Street Address (P.O. Box Number is Not Acceptable) 1804 Lakeland Hills Blvd.	
83 City Lakeland, Fl. 33805	
84 City Lakeland, Fl. 33805	

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 2/7/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	DELETE	1.1 TITLE CD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME BARRETT, MARY D		1.2 NAME Walters, Betty	
STREET ADDRESS 2926 FOREST BROOK DR E		1.3 STREET ADDRESS 2020 Combée Road S.	
CITY-ST-ZIP LAKELAND FL 32809		1.4 CITY-ST-ZIP Lakeland, Fl. 33801	
TITLE VD	DELETE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME JACKSON, CAROLYN		2.2 NAME	
STREET ADDRESS 35 LAKE MORTON DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33802		2.4 CITY-ST-ZIP	
TITLE PD	DELETE	3.1 TITLE PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME WALTERS, BETTY		3.2 NAME English, Jack	
STREET ADDRESS 2020 COMBEE ROAD S #5		3.3 STREET ADDRESS 1804 Lakeland Hills Blvd.	
CITY-ST-ZIP LAKELAND FL 33801		3.4 CITY-ST-ZIP Lakeland, Fl. 33805	
TITLE STO	DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME GULLA, JUDIE		4.2 NAME	
STREET ADDRESS 8047 GLENRIDGE LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33809		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 application for reinstatement 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 its 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 or on an attachment to this report.

SIGNATURE:

Judie Gulla

2/7/97

941-644-3573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052582

CP2E037 (9/96)