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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768728

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 33809



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/02/1983

4. FEI Number

59-2482338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CRAWFORD, JOHN R
4280 US HWY 98 N
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name

Sandy Dobson

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

4330 US Highway 98 North

83

84 City

Lakeland

FL

85 Zip Code
33809

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

Sandy Dobson

(Sandy Dobson)

2-16-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME CRAWFORD, JOHN R
STREET ADDRESS 4280 US HWY 98 N
CITY-ST-ZIP LAKELAND FL 33809

TITLE VD ☒ DELETE
NAME DOBSON, SANDY
STREET ADDRESS 4330 US HWY 98 N
CITY-ST-ZIP LAKELAND FL 33809

TITLE STD ☒ DELETE
NAME WILDER, JUDY
STREET ADDRESS 127 OAK SQUARE S
CITY-ST-ZIP LAKELAND FL 33813

TITLE CD ☒ DELETE
NAME ENGLISH, JACK
STREET ADDRESS 1804 LAKELAND HILLS BLVD
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Sandy Dobson
1.3 STREET ADDRESS 4330 US Highway 98 North
1.4 CITY-ST-ZIP Lakeland, FL 33809 ☒ Change ☐ Addition

2.1 TITLE CD
2.2 NAME John Crawford
2.3 STREET ADDRESS 4280 US Highway 98 N
2.4 CITY-ST-ZIP Lakeland, FL 33809 ☐ Change ☒ Addition

3.1 TITLE VD
3.2 NAME Randy Hyman
3.3 STREET ADDRESS 5320 US Highway 98 North
3.4 CITY-ST-ZIP Lakeland, FL 33809 ☐ Change ☒ Addition

4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME Judy Wilder
4.3 STREET ADDRESS 1001 Carpenters Way
4.4 CITY-ST-ZIP Lakeland, FL 33809

5.1 TITLE STD ☐ Change ☒ Addition
5.2 NAME Jane Fortin
5.3 STREET ADDRESS 4420 US Highway 98 North
5.4 CITY-ST-ZIP Lakeland, FL 33809

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jane Fortin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99

941-519-2162

Date

Daytime Phone #

CR2E037 (1/98)