

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # N00000008002

1. Entity Name
SOUTH LAKELAND INDUSTRIAL PARK MASTER
ASSOCIATION, INC.



Principal Place of Business
210 NEPTUNE ROAD
AUBURNDALE, FL 33823

Mailing Address
P.O. BOX 1722
LAKELAND, FL 33802-1722



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2981470

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, STEVEN T
210 NEPTUNE ROAD
AUBURNDALE, FL 33823

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000779535
01/11/08-80040-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOORE, STEVEN T
STREET ADDRESS 210 NEPTUNE ROAD
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE D
NAME MOORE, THOMAS W JR.
STREET ADDRESS 2025 SYLVESTER ROAD C-3
CITY-ST-ZIP LAKELAND, FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven T. Moore

1/8/08

Date

863-709-1510

Daytime Phone #