

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005053

FILED
Apr 27, 2009
Secretary of State

Entity Name: CERT OF LAKELAND, INC.

Current Principal Place of Business:

219 N MASS AVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

219 N MASS AVE
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 04-3763035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAND, ROGER D
1048 RUBY ST
LAKELAND, FL 33815 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 () Delete
Name: BLEILER, CARL
Address: 923 RUBY STREET
City-St-Zip: LAKELAND, FL 33815

Title: V () Delete
Name: LAND, ROGER D
Address: 1048 RUBY STREET
City-St-Zip: LAKELAND, FL 33815

Title: S () Delete
Name: SLOAN, DEBBIE
Address: 421 MARKET SQUARE EAST
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: WILLS, MIKE
Address: 710 W PARK ST
City-St-Zip: LAKELAND, FL 33803

Title: V () Delete
Name: ZDANOWICZ, DAVID
Address: 550 OAK DRIVE WEST
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FAYE BEYER INTERIN SECRETARY

MRS.

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date