

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005742

FILED
Jul 27, 2009
Secretary of State

Entity Name: LAKELAND HOTEL & MOTEL ASSOCIATION, INC.

Current Principal Place of Business:

35 LAKE MORTON DRIVE
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3607
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 20-1218376 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, FRANK
35 LAKE MORTON DRIVE
LAKELAND, FL 33801 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: VP () Delete
Name: LAL, NEIL
Address: 3311 US HWY 98 N
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: HODGES, CARLTON
Address: P.O. BOX 6271
City-St-Zip: LAKELAND, FL 33807

Title: D () Delete
Name: DUNBAR, BRUCE
Address: 329 E MAIN STREET
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: PHILLIPS, MIKE
Address: 3264 SANOMA DRIVE
City-St-Zip: LAKELAND, FL 33811

Title: VP () Delete
Name: NEEDHAM, SUSAN
Address: 3405 S. FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: S () Delete
Name: JOHNSON, JACQUELINE
Address: P.O. BOX 3607
City-St-Zip: LAKELAND, FL 33802

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
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City-St-Zip:

Title: () Change () Addition
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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: JACQUELINE L. JOHNSON

S

07/27/2009

Electronic Signature of Signing Officer or Director

Date