## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 29, 2007 8:00 am Secretary of State 05-29-2007 90040 028 \*\*\*\*61.25

DOCUMENT # N45438	
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1. Entity Name



	TIONAL ASSOCIATION OF S THE LAKELAND METRO		ss						
Principal Plac POST OFFICI LAKELAND, I		Mailing Address POST OFFICE BOX LAKELAND, FL 33				401185			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address		<del>-</del>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	-	05162007	Chg-NP	CR2E03	37 (12/06)	
City & Stat	de	City & State		- 4	4. FEI Number 59-3006	293			pplied For
Zip	Country	Zip	Count	try	5. Certificate of	of Status Desired		\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered /	Agent	
IADDET	AMANDA B			Name					
JARRET, AMANDA P CLARK CAMPBELL & MAWHINNEY P.A. 500 S FLA AVE ST 800 , P.O. BOX 24627 LAKELAND, FL 33802				Street Address (P.O. Box Number is Not Acceptable)					
•				City			FL	Zip Coo	de
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changin	g its registered	office or regi	pistered agent, or both	, in the State of F	Porida. I am I	familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered A	Agent signature rec	quired when reinstating)		DATE	<del></del>	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 14, 2007	9. Election	(NOTE: Registered A Campaign Fina and Contribution	ancing	\$5.00 May Be Added to Fees		DATE Make check prida Depar		
	Filing Fee is \$61.25	9. Election Trust Fu	Campaign Fina	ancing	\$5.00 May Be	Flo	Make check orida Depar	tment of S	iate
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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 it 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: