


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50766</b>	
1. Entity Name BUILDING ASSOCIATION OF LAKELAND, FLORIDA, INC.	

Principal Place of Business 4325 OLD HWY. 37 LAKELAND, FL 33813	Mailing Address P.O. BOX 5714 LAKELAND, FL 33807
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2977958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHRITTON, CHARLES P.  
 5300 S. FLORIDA AVE.  
 LAKELAND, FL 33813

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPINDLER, JAMES PO BOX 5714 LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHORMANN, ROBERT PO BOX 5714 LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIZDA, EDMUND 1235 HEIDI LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, TOM P.O. BOX 5714 LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGAN, FELIX P.O. BOX 5714 LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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:** James Spindler **JAMES SPINDLER** 1/17/08 863 642 1817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #