

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003869 (3)

1. Corporation Name

THE LAKE LAND ASSOCIATION OF REALTORS FOUNDATION, INC.



Principal Place of Business	Mailing Address
820 SOUTH FLORIDA AVENUE LAKE LAND FL 33801	820 SOUTH FLORIDA AVENUE LAKE LAND FL 33801-5275

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1995		3a. Date of Last Report 07/15/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6159096		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GUMERSON, JEANNE 820 SOUTH FLORIDA AVENUE LAKE LAND FL 33801				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TUBB, JOHN			1.2 NAME	McGlamory, Tom		
STREET ADDRESS	505 BARTOW HIGHWAY			1.3 STREET ADDRESS	P.O. Box 5830 (ULA)		
CITY-ST-ZIP	LAKE LAND FL 33803			1.4 CITY-ST-ZIP	Lakeland, FL 33803		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	mo	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUMERSON, JEANNE			2.2 NAME			
STREET ADDRESS	3358 KILMER DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE LAND FL 33803			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HONEYCUTT, KEN			3.2 NAME			
STREET ADDRESS	5300 S. FLORIDA AVENUE, SUITE G-8			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE LAND FL 33813			3.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MAHONEY, MARIA			4.2 NAME	Weinstein, Raoul		
STREET ADDRESS	820 S. FLORIDA AVENUE			4.3 STREET ADDRESS	2126 E. Edgewood Dr, Suite 1		
CITY-ST-ZIP	LAKE LAND FL 33801			4.4 CITY-ST-ZIP	Lakeland, FL 33803		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Daley, Peggy		
STREET ADDRESS				5.3 STREET ADDRESS	3240 S. Florida Ave.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Lakeland, FL 33803		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	SO	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME	Martin, Betty		
STREET ADDRESS				6.3 STREET ADDRESS	3003 S. Florida Ave.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Lakeland, FL 33802		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten signatures]*

CR2E037 (9/96)