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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003869 (3)**

1. Corporation Name

THE LAKELAND ASSOCIATION OF REALTORS FOUNDATION, INC.

Principal Place of Business
**820 SOUTH FLORIDA AVENUE
LAKELAND FL 33801**

Mailing Address
**820 SOUTH FLORIDA AVENUE
LAKELAND FL 33801**

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

59-6159096

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUMERSON, JEANNE
820 SOUTH FLORIDA AVENUE
LAKELAND FL 33801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCLAMORY, TOM
P.O. BOX 5830 N/A
LAKELAND FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MD
GUMERSON, JEANNE
3358 KILMER DRIVE
LAKELAND FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HONEYCUTT, KEN
5300 S. FLORIDA AVENUE, SUITE G-6
LAKELAND FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WEINSTEIN, RAOUL
2126 E. EDGEWOOD DR., STE. 1
LAKELAND FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DELAY, PEGGY
32405 S. FLORIDA AVE.
LAKELAND FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MARITN, BESTY
30035 S. FLORIDA AVE.
LAKELAND FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**MD.
KAREN S. Riley
3944 Golf Village Loop #5
LAKELAND FL 33809**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)