

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90058 030 ****61.25

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DOCUMENT # **N95000003869**

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

59-6159096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

Delite

10. Name and Address of New Registered Agent

81 Name

Karen S. Riley

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

820 S. Florida Avenue

83

Lakeland Association of REALTORS

84 City

Lakeland

FL

85 Zip Code

33801

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 **KAREN S. Riley, Executive Vice President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Karen S. Riley Jan 8, 1999

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

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

TITLE **MD** ☐ DELETE

NAME **RILEY KAREN S**
STREET ADDRESS **3944 GULF VILLAGE LOOP #5**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☒ DELETE

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

TITLE **TD** ☒ DELETE

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

TITLE **VP** ☒ DELETE

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

TITLE **SD** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **WEINSTEIN, RAOUL**
1.3 STREET ADDRESS **2126 E. Edgewood Dr., STE. 1**
1.4 CITY-ST-ZIP **Lakeland, FL**

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME **Betsy Martin**
2.3 STREET ADDRESS **30035 S. Florida Ave**
2.4 CITY-ST-ZIP **Lakeland, FL**

3.1 TITLE **TD** ☒ Change ☐ Addition

3.2 NAME **Joe Lorio**
3.3 STREET ADDRESS **1902 S. Florida Ave**
3.4 CITY-ST-ZIP **Lakeland FL**

4.1 TITLE **SD** ☒ Change ☐ Addition

4.2 NAME **Toni Sexton**
4.3 STREET ADDRESS **6121 Donegal East**
4.4 CITY-ST-ZIP **Lakeland, FL**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **Jeanie Croes**
5.3 STREET ADDRESS **2212 S. Fl Ave**
5.4 CITY-ST-ZIP **Lakeland, FL**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Sandy Deandorff**
6.3 STREET ADDRESS **5529 US 98 NORTH**
6.4 CITY-ST-ZIP **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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)