DOCUMENT # N95000003869

1. Entity Name

THE LAKELAND ASSOCIATION OF REALTORS FOUNDATION,

FILED
Apr 18, 2000 8:00 am
Secretary of State
01-18-2000 90188 015 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
820 SOUTH FLORIDA AVENUE LAKELAND FL 33801	820 SOUTH FLORIDA AVENUE LAKELAND FL 33801-5209

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6159096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, KAREN S
820 SOUTH FLORIDA AVENUE
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LORIO, JOE 1902 S. FL AVE LAKELAND FL	☐ Delete	T Martin, Betsy 30035 S. Florida Ave. Lakeland, Fl	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SEXTON, TONI 6121 DONEGAL E. LAKELAND FL	☐ Delete	T Lorio, Joe 1902 S. Fl Ave Lakeland, Fl	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROES, JEANIE 2212 S. FL AVE LAKELAND FL	☒ Delete	T Keyes, Toni 6121 Donegal E. Lakeland, Fl	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEINSTEIN, RAOUL 2126 E. EDGEWOOD DR., STE. 1 LAKELAND FL	☐ Delete	D Tubb, Joyce P.O. Box 7083 Lakeland, Fl 33807	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEARDORFF, SANDY 5529 US 98 N. LAKELAND FL	☒ Delete	D Tyner, Bob 2510 S. Florida Ave. Lakeland, Fl 33803	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARITN, BESTY 30035 S. FLORIDA AVE. LAKELAND FL	☐ Delete	D Reardon, Jay 832 S. Florida Ave. #2 Lakeland, Fl 33801	☐ Change XX Addition

CR2E037 (9/99)

12. 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 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: Karen S. Riley REG. AGENT Karen S. Riley 01/10/2000 863-687-6641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #