2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N95000003869

1. Entity Name
THE I AKELAND ASSOCIATION OF REALTORS



Mar 11, 2008 8:00 am Secretary of State 03-11-2008 90126 001 ***140.00

FILED

FOUNDATION, INC.											
Principal Place of Business 820 SOUTH FLORIDA AVENUE SUITE 100 LAKELAND, FL 33801		Mailing Address 820 SOUTH FLORIDA AVENUE SUITE 100 LAKELAND, FL 33801									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03042008 Ct	ng-NP	CR2E037	(12/06)		
City & State		City & State				4. FEI Number Applied For 59-6159096 Not Applicable					
Zip	Country	Zip)	Country		5. Certificate of Sta	atus Desired	<u></u>	8.75 Addi	itional	
	6. Name and Address of Current	Registere	red Agent			7. Name and Address of New Registered Agent					
WATSON, STEPHENC ESQ					Name .						
ONE LAKE MORTON DR LAKELAND, FL 33801			Street Addre			(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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE											
									-,	- .	
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		ke check _l la Departn			
10.	OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHANGE	S TO OFFICER	S AND DIRE	CTORS IN	10	
TITLE	PRES		Delete	TITLE	P	BON, ADOTH	.~~	(Change	☐ Addition	
NAME STREET ADDRESS	RUTHVEN, MATT P.O. BO X 2420			NAME STREET ADORESS	422	S. FLORIC	AAVE				
CATY-ST-ZIP	LAKELAND, FL 33806			CITY-ST-ZIP		ELAND FL		3			
TITLE	PE	_	Delete	TITLE	TE		_		Change	Addition	
NAME	MATTSON, ARTHUR			NAME		FR, SYLVI					
STREET ADDRESS CITY-ST-ZIP	422 S. FLORIDA AVE.			STREET ADDRESS CITY-ST-ZIP	-	E.PINE S					
TITLE	SEC 33801	-	Delete		LAK	EAD, FL	_ 		☐ Change	☐ Addition	
NAME	WARD-TERRY, DEBBIE		Delete	TITLE NAME					change	C VOCUUI	
STREET ADDRESS	1715 S. FLORIDA AVE			STREET ADDRESS							
CITY-ST-ZIP	LAKELAND, FL 33803			CITY-ST-ZIP		<u>-</u>	_				
TITLE	TRE		Delete	TITLE	TT2€		~ u .	l	Change	☐ Addition	
NAME STREET ADDRESS	TOUCHTON, MARY ANN			NAME	1400	LAWDRY, TO	کالاہ اب کے تکمیلا ت ک	S Pauvi	⊃.		
CITY-ST-ZIP	218 E. PINE ST. LAKELAND, FL 33801			STREET ADDRESS CITY-ST-ZIP	1	PEROY, F					
TITLE			Delete	TITLE	Field				☐ Change	Addition	
NAME			<u> </u>	NAME							
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP			_				
TITLE			☐ Delete	TITLE				f	☐ Change	Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS							
CITY-ST-ZIP				CITY-SI-ZIP							
	certify that the information supplied with	this filing	does not qualify for th		contained	in Chapter 119 Flor	ida Statutes. J fi	urther certify	that the in	formation	

I nereby certify that the information supplied with this filling 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 off-on-attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR