## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

Lakeland Area Business Alliance Inc.

Principal Place of Business

Mailing Address

35 Lake Morton Dr. Lakeland, FL 33801

Steve Scruggs P.O. Box 3607 Lakeland. FL 338

3. Date Incorporated or Qualified April 29, 1997

FILED

Jun 16 1998 8:00am

Secretary of State

Lakeland, F						T. 33802		4. FEI Number					
							33002	59-3493361				Applied For	
								39-3	3493361			Not Applicable	
2. Principal Place of Business			28.	. Mailing Address		5. Certificate of Status Desired				\$8.75 Additional			
21				26				5. Certificate of Status Desired			Fee Required		
	Suite, Apt #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be					
22	22			27				Trust Fund Contribution			Added to Fees		
	City & State			City & State			•	7. Is this nonprofit corporation a homeowners association?					
23				28									
	Zip Country			Zip Co				8. This corporation owes or has paid the current year Intengible					
24	25 29 30					Personal Property Tax due June 30. 🔲 Yes 🙇 No							
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
E. Snow Martin Jr. 200 Lake Morton Dr., Suite 300 Lakeland, FL 33801						81	Name	Steven J. Scruggs					
						82		Street Address (P.O. Box Number is Not Acceptable)					
							35 Lake Morton Dr.						
						83							
								<u>.</u>					
						84	Lake:	land		FL	85	7 in Code 33801	
												<del> </del>	

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 of received agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1 1 TITLE Rokald Grigsby NAME 1.2 NAME 4100 S. Frontage Rd. STREET ADDRESS 1.3 STREET ADDRESS Lakeland, FL 33815 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE NAME 22 NAME Janet Deal 1936 George Jenkins Blvd. Lakeland, FL 33801 2.3 STREET ADDRESS STREET ADDRESS CITY ST ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE Addition NAME 3 2 NAME Steven J. Scruggs STREET ADDRESS 35 Lake Morton Dr. Lakeland, FL 33801 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition TITLE 41 TITLE NAME 4 2 NAME Allen Wilson 520 N. Lake Parker Ave. Lakeland, FL 33801 43 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY-ST-ZIP □ DELETE Addition TITLE 61 TITLE ■ Change ODDOORS68170 NAME 6.2 NAME -06/17/98---01001---049 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*B1.25 CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 13 if changed, y on any afactment with an address

120/01/2003