

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726172

Entity Name: LAKE LAND AREA CHAMBER FOUNDATION, INC.**Current Principal Place of Business:**35 LAKE MORTON DR
LAKE LAND, FL 33801**Current Mailing Address:**35 LAKE MORTON DR
LAKE LAND, FL 33801 US**FEI Number:** 23-7292186**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKEATES, CORYDON G
35 LAKE MORTON DRIVE
LAKE LAND, FL 33801 US*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:** CORYDON G. SKEATES

03/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR
Name CLARK, MATT
Address 100 S KENTUCKY AVE, STE 290
City-State-Zip: LAKE LAND FL 33801

Title PRESIDENT
Name SKEATES, CORYDON G.
Address 35 LAKE MORTON DR
City-State-Zip: LAKE LAND FL 33801

Title DIRECTOR
Name WILKERSON, WALKER
Address 402 S. KENTUCKY AVE.
STE 600
City-State-Zip: LAKE LAND FL 33801

Title DIRECTOR
Name JONES, JANICE TEDDER
Address 402 S. KENTUCKY AVE.,
STE. 600
City-State-Zip: LAKE LAND FL 33801

Title DIRECTOR
Name COLON, STEPHANIE
Address 402 S. KENTUCKY AVE.
STE., 100
City-State-Zip: LAKE LAND FL 33801

Title DIRECTOR
Name FIELDS, GOW
Address 229 N FLORIDA AVE
City-State-Zip: LAKE LAND FL 33801

Title CHAIR-ELECT
Name WILLIAM, LINK
Address 1611 HARDEN BLVD
City-State-Zip: LAKE LAND FL 33803

Title TREASURER
Name TEDDER, JOE
Address 2415 NEVADA RD.
City-State-Zip: LAKE LAND FL 33803

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CORYDON G. SKEATES

PRESIDENT

03/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KHAN, ADIL
Address	4798 S FLORIDA AVE. STE. 216
City-State-Zip:	LAKELAND FL 33813