**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 14, 2022**
**Secretary of State**
**1170415226CC**

DOCUMENT# 726172

**Entity Name:** LAKELAND AREA CHAMBER FOUNDATION, INC.

**Current Principal Place of Business:**

35 LAKE MORTON DR
LAKELAND, FL 33801

**Current Mailing Address:**

35 LAKE MORTON DR
LAKELAND, FL 33801 US

**FEI Number: 23-7292186**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WIGGINS, AMY
35 LAKE MORTON DRIVE
LAKELAND, 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: AMY WIGGINS 03/14/2022

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | CHAIR |
| Name | LINK, WILL |
| Address | 1611 HARDEN BLVD |
| City-State-Zip: | LAKELAND FL 33803 |

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

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

| | |
|---|---|
| Title | CHAIR-ELECT |
| Name | HEACOCK WEEKS, STACEY |
| Address | 100 E MAIN ST |
| City-State-Zip: | LAKELAND FL 33801 |

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|---|---|
| Title | PRESIDENT |
| Name | WIGGINS, AMY |
| Address | 35 LAKE MORTON DR |
| City-State-Zip: | LAKELAND FL 33801 |

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

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

| | |
|---|---|
| Title | TREASURER |
| Name | LEHMAN, TORI |
| Address | 402 S KENTUCKY AVE STE 600 |
| City-State-Zip: | LAKELAND FL 33801 |

**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: AMY WIGGINS PRESIDENT 03/14/2022

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

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