

2014 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
35 LAKE MORTON DR
LAKE LAND, FL 33801**Current Mailing Address:**P.O. BOX 3607
LAKE LAND, FL 33802 US**FEI Number:** 23-7292186**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MUNSON, KATHLEEN L
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name GOLENO, TERRI
Address 726 S. MISSOURI AVE.
City-State-Zip: LAKE LAND FL 33815

Title DIRECTOR
Name ELMHORST, KURT
Address 1401 S. FLORIDA AVE,
City-State-Zip: LAKE LAND FL 33803

Title DIRECTOR
Name JACKSON, TIM
Address 711 N. KENTUCKY AVE.
City-State-Zip: LAKE LAND FL 33801

Title DIRECTOR
Name RUTHVEN, JOE L
Address P.O. BOX 2420
City-State-Zip: LAKE LAND FL 33806

Title PSD
Name MUNSON, KATHLEEN L
Address 35 LAKE MORTON DR
City-State-Zip: LAKE LAND FL 33801

Title T
Name DREYER, DALE
Address 500 S. FLORIDA AVE., STE. 100
City-State-Zip: LAKE LAND FL 33801

Title CHAIRMAN
Name WILSON, MARK E
Address 3675 INNOVATION DRIVE
City-State-Zip: LAKE LAND FL 33812

Title DIRECTOR
Name BLACKMON-ROBERTS, SYLVIA
Address 902 S. FLORIDA AVE., STE. 205
City-State-Zip: LAKE LAND FL 33803

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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: KATHLEEN L. MUNSON**PRESIDENT****03/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCBRIDE, DAN
Address 1401 GRIFFIN ROAD
City-State-Zip: LAKELAND FL 33810

Title DIRECTOR
Name TARR, GARY
Address 5512 EMERALD RIDGE BLVD
City-State-Zip: LAKELAND FL 33813