2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2013
Secretary of State
CC4045960403

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Entity Name: LAKELAND AREA CHAMBER FOUNDATION, INC.

Current Principal Place of Business:

35 LAKE MORTON DR
35 LAKE MORTON DR
LAKELAND, FL 33801

Current Mailing Address:

P.O. BOX 3607
LAKELAND, FL 33802 US

FEI Number: 59-7292186

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MUNSON, KATHLEEN L
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	CHAIRMAN
Name	WILKERSON, WALKER
Address	811 E MAIN ST
City-State-Zip:	LAKELAND FL 33801

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

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

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

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

Title	OTHER, CHAIR-ELECT
Name	WILSON, MARK E
Address	3675 INNOVATION DRIVE
City-State-Zip:	LAKELAND FL 33812

Title	DIRECTOR
Name	BLACKMON-ROBERTS, SYLVIA
Address	902 S. FLORIDA AVE., STE. 205
City-State-Zip:	LAKELAND 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 04/11/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHAW, MAUREEN
Address	1125 LAKELAND HILLS BLVD.
City-State-Zip:	LAKELAND FL 33805

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

Title	OTHER, GENERAL COUNSEL
Name	CAMPBELL, TIMOTHY F
Address	500 S. FLORIDA AVE., STE. 800
City-State-Zip:	LAKELAND FL 33801