

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006996

Entity Name: CATAPULT LAKELAND, INC.**Current Principal Place of Business:**502 EAST MAIN STREET
LAKELAND, FL 33801**Current Mailing Address:**502 EAST MAIN STREET
LAKELAND, FL 33801 US**FEI Number:** 80-0945525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALLOCK, DAVID D JR
ONE LAKE MORTON DR
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 DIRECTOR, AT LARGE
Name HALLOCK, DAVID D JR
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title SECRETARY
Name PHILPOT, BRIAN
Address 4030 S PIPKIN RD #100
City-State-Zip: LAKELAND FL 33811

Title TREASURER
Name BECK, WESLEY
Address 4100 S FRONTAGE RD
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR
Name CALLIE, NESLUND
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title PAST CHAIRMAN
Name BLACKING, LEILA
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title CHAIRMAN
Name MADDEN, STEPHANIE
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name SCRUGGS, STEVEN J.
Address 502 E. MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title PRESIDENT
Name CHRISTIN, STRAWBRIDGE
Address 502 EAST MAIN STREET
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: CHRISTIN STRAWBRIDGE**PRESIDENT****02/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MEMBER REPRESENTATIVE
Name WHELCHER, ADAM
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name BARNETT, NICHOLAS J.
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name BLACKMON-ROBERTS, SYLVIA
Address 502 EAST MAIN STREET
City-State-Zip: LAKELAND FL 33801