2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 15, 2021
Secretary of State
0746786971CC

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

Title	DIRECTOR
Name	BARNETT, HOYT R
Address	5815 LIVE OAK ROAD
City-State-Zip:	LAKELAND FL 33813

Title	VC
Name	MADDEN, STEPHANIE
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	DIRECTOR, PAST CHAIRMAN
Name	CALLIE, NESLUND
Address	13830 CIRCA CROSSING DRIVE
City-State-Zip:	LITHIA FL 33547

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

Title	DIRECTOR
Name	SMITH, GILLIAN C
Address	502 EAST MAIN STREET
City-State-Zip:	LAKELAND FL 33801

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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: LEILA BLACKING CHAIRMAN 09/15/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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