

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 04, 2024

Secretary of State

1610029142CC

DOCUMENT# N19000000980

Entity Name: LAKELAND LEADS PARTNERSHIP, INC.

Current Principal Place of Business:

ONE LAKE MORTON DR.
LAKELAND, FL 33801

Current Mailing Address:

ONE LAKE MORTON DR.
LAKELAND, FL 33801 US

FEI Number: 83-3380202

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
Name CHAMBERLAIN, JEFF
Address ONE LAKE MORTON DR.
City-State-Zip: LAKELAND FL 33801

Title CHAIRMAN
Name HALLOCK, DAVID D JR.
Address ONE LAKE MORTON DR.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR, SECRETARY
Name BARNETT, ASHLEY BELL
Address ONE LAKE MORTON DR.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name HARRELL, JACK JR.
Address ONE LAKE MORTON DR.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name PHILPOT, BRIAN G
Address 4030 S PIPKIN RD
City-State-Zip: LAKELAND FL 33811

Title DIRECTOR
Name BAYLIS, TODD
Address ONE LAKE MORTON DR.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name BENTON, MARCY
Address ONE LAKE MORTON DR.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name HUNT, ALICE
Address ONE LAKE MORTON DR.
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: DAVID D. HALLOCK, JR

CHAIRMAN

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name RIDER, MELODY DR.
Address 502 EAST MAIN ST
City-State-Zip: LAKELAND FL 33801