FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 711473

LAKE PLACID GARDEN CLUB, INC.

Findipal Flace of Business
FIRST PRESBYTERIAN CHURCH
117 N.OAK ST.
LAKE PLACID FL 33852
U\$

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Mailing Address

P.O.BOX 2193 LAKE PLACID FL 33862

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90038 004 ****61.25



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

09/12/1966

59-2291802

4. FEI Number

Zip	Country	Zip	_	Country			6. Election Campaign F	inancing _	3	\$5	۱ 00.	Лау Ве		
24	25	25 29 30			Trust Fund Contribution					Added to Fees				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent								
4		-		81	Name	9								
ROOD, SUE					82 Street Address (P.O. Box Number is Not Acceptable)									
	NG LAKE BLVD			"	0000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	() .O. DOX Hamber to the	, , , , , , , , , , , , , , , , , , ,						
SEBRING				83										
OLDIMIO	12 00010			24	0.1					Torl	7:- C	+ do		
	STATE OF THE SHOP			84	City				FL	85	Zip Ç	ode		
11. Pursuant	to the provisions of Sections 617 0502	and 617.1508, Flor	ida Statutes,	the above	e-named	d corpora	tion submits this stateme	nt for the purp	ose of	changi	ng its r	egistered		
· · · office or r	egistered agent; or both, in the State of m familiar with, and accept the obligation	f Florida. Such char	ige was autho	rized by	the com	poration's	board of directors. I here	eby accept the	e appoir	tment	as reg	istered		
	(3)	ons or, dection on.	ooos, i longa	Ciatatos										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Reg	istered Agen	t signature	required who	en reinstating)		DATE					
12.	OFFICERS AND		i	13.			ADDITIONS/CHANGE	S TO OFFICE	RS AN	D DIR	CTOF	RS IN 12		
TITLE	PD		ELETE	1.1 TITLE	•					Ch	ange	☐ Addition		
NAME	ROOD, SUE			1.2 NAME										
STREET ADDRESS	617 SPRING LAKE BLVD	_		1.3 STREET	ADDRESS	s								
CITY-ST-ZIP	SEBRING FL 33870	•		1.4 CITY-S1	-ZIP									
TITLE	VD		ELETE	2.1 TITLE		1	,			☐ Ch	ange	Addition		
NAME	CLARE, MARYEL			2.2 NAME										
STREET ADDRESS				2.3 STREET	ADDRESS	,								
	LAKE PLACID FL 33852			2.4 CITY-S		1								
CITY-ST-ZIP	V	П	ELETE	3.1 TITLE	1-61F					☐ Ch	ange	Addition		
NAME	GROVES, ANN			3.2 NAME							·			
STREET ADDRESS				3.3 STREET	ADDDESS									
CITY-ST-ZIP	LAKE PLACID FL 33852			3.4. CITY-S										
TITLE	S .	П п	ELETE	4.1 TITLE	1-4.15	1				□ Ch	ange	Addition		
NAME	RICHTER, PAT			4. 2 NAME							•	_		
STREET ADDRESS	*** ** ** *** *** *** *** *** ***			4.3 STREET	ADDRESS									
	LAKE PLACID FL 33852			4.4 C(TY-S)		1								
CITY-ST-ZIP TITLE	TD		ELETE	5.1 TITLE	· LIF	+				☐ Ch	ange	Addition		
NAME	PUZEY, SHIRLEY			5.2 NAME							-			
STREET ADDRESS	10 ME 100M ME 000 M			5.3 STREET	ADDRESS	3								
	LAKE PLACID FL 33852			5.4 CITY-S1										
CITY-ST-ZIP TITLE	SUPER TENCIO PE 33002	la c	ELETE	6.1 TITLE						Ch	ange	Addition		
NAME	BUSSLERE, RUTH			6.2 NAME						ب	. 9-			
	*******			6.3 STREET	ADDRESS	s								
STREET ADDRESS	·		ľ	6.4 CITY-ST										
CITY-ST-ZIP	LAKE PLACID FL 33852 ertify that the information supplied with	this filing does not	qualify for the			l ad in Sect	ion 119 07(3)(i) Florida 5	Statutes I fur	her cert	ify that	the in	formation		
indicated	on this annual report or supplemental a	innual report is true	and accurate	and that	my sig	nature sh	all have the same legal e	effect as if ma	de unde	r 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 in

Applied For

\$8.75 Additional

Fee Required

Not Applicable