

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001014 (0)**

1. Corporation Name

**THE LAKE PLACID MURAL SOCIETY, INC.**



Principal Place of Business

Mailing Address

159 DEANNA DRIVE  
LAKE PLACID FL 33852  
US

PO BOX 336  
LAKE PLACID FL 33862  
US

3. Date Incorporated or Qualified **03/01/1993** 3a. Date of Last Report **02/14/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0393532</b>	Applied For <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTER, HARRIET R.  
159 DEANNA DRIVE  
LAKE PLACID FL 33852

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and how it applies (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>100001848381</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTER, ROBERT</b>	1.2 NAME	<b>-06/03/96--01056--038</b>
STREET ADDRESS	<b>159 DEANNA DRIVE</b>	1.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MANLEY, MARK</b>	2.2 NAME	<b>LISA GOLDE</b>
STREET ADDRESS	<b>240 N MAIN ST</b>	2.3 STREET ADDRESS	<b>900 KERRY DR</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	2.4 CITY-ST-ZIP	<b>SEBRING, FL 33876</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PORTER, HARRIET</b>	3.2 NAME	<b>CAROLYN PYPERS</b>
STREET ADDRESS	<b>159 DEANNA DRIVE</b>	3.3 STREET ADDRESS	<b>1813 - LAKE CLAY DR.</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	3.4 CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCGOVERN, EDITH L.</b>	4.2 NAME	<b>HECTOR HERNANDEZ</b>
STREET ADDRESS	<b>329 4TH AVE</b>	4.3 STREET ADDRESS	<b>119 - CUMQUAT RD. N.W.</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	4.4 CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REY, JOSEPH</b>	5.2 NAME	<b>MARIE AVANT</b>
STREET ADDRESS	<b>20 SIRENA DR</b>	5.3 STREET ADDRESS	<b>370 - LAKE JUNE RD</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	5.4 CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNTER, GLENN A.</b>	6.2 NAME	<b>D DAVID GREGORY</b>
STREET ADDRESS	<b>1012 PEACHTREE DR</b>	6.3 STREET ADDRESS	<b>47 GLORY DRIVE</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	6.4 CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 419.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harriet Porter* **HARRIET PORTER** 4/19/96 465-2394  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)