

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 23 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N93000001014 (0)**  
 1. Corporation Name  
**THE LAKE PLACID MURAL SOCIETY, INC.**



Principal Place of Business <b>159 DEANNA DRIVE LAKE PLACID FL 33852 US</b>	Mailing Address <b>PO BOX 336 LAKE PLACID FL 33862 US</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/01/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0393532</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PORTER, ROBERT</b>	
STREET ADDRESS	<b>159 DEANNA DRIVE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MANLEY, MARK</b>	
STREET ADDRESS	<b>240 N MAIN ST</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PORTER, HARRIET</b>	
STREET ADDRESS	<b>159 DEANNA DRIVE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGOVERN, EDITH L.</b>	
STREET ADDRESS	<b>329 4TH AVE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AVANT, MARIE</b>	
STREET ADDRESS	<b>370-LAKE JUNE RD.</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GREGORY, DAVID</b>	
STREET ADDRESS	<b>47 GLORY DR.</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D HECTOR HERNANDEZ</b>
2.3 STREET ADDRESS	<b>119 CUMQUAT RD N.W</b>
2.4 CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D. CAROLYN PAPPERS</b>
4.3 STREET ADDRESS	<b>1812 LAKE CLAY DR</b>
4.4 CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D. LAURA LINDAU</b>
5.3 STREET ADDRESS	<b>155-DEANNA DRIVE</b>
5.4 CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edith L. McGovern* SIGNATURE REQUIRED: **EDITH L. MCGOVERN**  
 7-19-97 (241) 199-3397

CFR2037 (4/97)