

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001014 (0)
1. Corporation Name
THE LAKE PLACID MURAL SOCIETY, INC.



Principal Place of Business 159 DEANNA DRIVE LAKE PLACID FL 33852 US	Mailing Address PO BOX 336 LAKE PLACID FL 33862 US
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3. Date Incorporated or Qualified 03/01/1993	4. FEI Number 65-0393532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PORTER, ROBERT		1.2 NAME	
STREET ADDRESS 159 DEANNA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKE PLACID FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERNANDEZ, HECTOR		2.2 NAME	
STREET ADDRESS 119 CUMQUAT RD NW		2.3 STREET ADDRESS	
CITY-ST-ZIP LAKE PLACID FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PORTER, HARRIET		3.2 NAME	
STREET ADDRESS 159 DEANNA DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP LAKE PLACID FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCGOVERN, EDITH L.		4.2 NAME	
STREET ADDRESS 329 4TH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP LAKE PLACID FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D,	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LINDAU, LAURA		5.2 NAME	
STREET ADDRESS 155 DEANNA DR		5.3 STREET ADDRESS	
CITY-ST-ZIP LAKE PLACID FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D,	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GREGORY, DAVID		6.2 NAME	
STREET ADDRESS 47 GLORY DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP LAKE PLACID FL 33852		6.4 CITY-ST-ZIP	

BOB SMART
136 MELANIE DR.
LAKE PLACID, FL 33852

JOE BONETT
404 ADAMS AVE
LAKE PLACID, FL 33852

14. I 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* **EDITH L. MCGOVERN** 1/7/98 (94) 699-2392

CR2E037 (10/97)