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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90033 033 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000001014**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/01/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0393532	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

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			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	V.P. STEVE BASTARDI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, ROBERT	1.2 NAME	
STREET ADDRESS	159 DEANNA DRIVE	1.3 STREET ADDRESS	36 TWIN LAKES ROAD
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D CAROLYN PHYPER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, HECTOR	2.2 NAME	
STREET ADDRESS	119 CUMQUAT RD NW	2.3 STREET ADDRESS	1812- LAKE CLAY DR
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	
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	
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 checked="" type="checkbox"/> DELETE	5.1 TITLE	
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 type="checkbox"/> DELETE	6.1 TITLE	
NAME	BONETT, JOE	6.2 NAME	
STREET ADDRESS	404 ADAMS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Edith L. McGovern* **EDITH L. MCGOVERN** - *Sec* (941) 699-2392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)