


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000001014

1. Entity Name
THE LAKE PLACID MURAL SOCIETY, INC.



Principal Place of Business Mailing Address
159 DEANNA DRIVE **PO BOX 336**
LAKE PLACID, FL 33852 US **LAKE PLACID, FL 33862 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02202004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0393532 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	PORTER, ROBERT	
STREET ADDRESS	159 DEANNA DRIVE	
CITY-ST-ZIP	LAKE PLACID, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISHOP, CLAUDIA	
STREET ADDRESS	213 HOOVER AVE. NE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	S	<input type="checkbox"/> Delete
NAME	PORTER, HARRIET	
STREET ADDRESS	159 DEANNA DRIVE	
CITY-ST-ZIP	LAKE PLACID, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGOVERN, EDITH L.	
STREET ADDRESS	329 4TH AVE	
CITY-ST-ZIP	LAKE PLACID, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BASTARDI, STEVE	
STREET ADDRESS	36 TWIN LAKES ROAD	
CITY-ST-ZIP	LAKE PLACID, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONETT, JOE	
STREET ADDRESS	404 ADAMS AVE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000076304
CITY-ST-ZIP	03/04/04-80023-002 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harriet Porter Date: 2/27/04 Daytime Phone #: 834652384