


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90006 024 ****61.25

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DOCUMENT # N93000001014					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0393532	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PORTER, HARRIET R. 159 DEANNA DRIVE LAKE PLACID, FL 33852				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PORTER, ROBERT	NAME			
STREET ADDRESS	159 DEANNA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BISHOP, CLAUDIA	NAME			
STREET ADDRESS	213 HOOVER AVE. NE	STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PORTER, HARRIET	NAME			
STREET ADDRESS	159 DEANNA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGOVERN, EDITH L.	NAME			
STREET ADDRESS	329 4TH AVE	STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BASTARDI, STEVE	NAME			
STREET ADDRESS	36 TWIN LAKES ROAD	STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONETT, JOE	NAME			
STREET ADDRESS	404 ADAMS AVE BOTTLEBRUSH RD.	STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL 33852	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)(i), 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: <i>Harriet Porter</i> HARRIET PORTER		Date: 1/14/05		Daytime Phone #: 8634652394	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					