


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000001014 1. Entity Name THE LAKE PLACID MURAL SOCIETY, INC.	
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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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01162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0393532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTER, ROBERT 159 DEANNA DRIVE LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, CLAUDIA 213 HOOVER AVE. NE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTER, HARRIET 159 DEANNA DRIVE LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOVERN, EDITH L. 329 4TH AVE LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASTARDI, STEVE 36 TWIN LAKES ROAD LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONETT, JOE 404 BOTTLEBRUSH RD LAKE PLACID, FL 33852

00000403742  
02/06/06-80019-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Secretary 1/23/06 963 465 2394  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #