


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90051 002 \*\*\*\*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 - No P.O. Box # 8 North Oak Ave.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Placid, FL		City & State		4. FEI Number 65-0393532	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33852	Country USA	Zip	Country		
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 <u>HARRIET PORTER</u>		Signature, typed or printed name of registered agent and title if applicable.		<u>Harriet Porter</u> (NOTE: Registered Agent signature required when reinstating.)	
				DATE <u>2/12/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, CLAUDIA		NAME	Sharon Draper	
STREET ADDRESS	213 HOOVER AVE. NE		STREET ADDRESS	99 Cole Danley Drive	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	Lake Placid, FL 33852	
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 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 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: <u>HARRIET PORTER</u>		Signature, typed or printed name of signing officer or director		<u>Harriet Porter</u> Date <u>2/12/07</u> Daytime Phone # <u>8634652394</u>	