


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90022 037 ****61.25

DOCUMENT # N93000001014					
1. Entity Name THE LAKE PLACID MURAL SOCIETY, INC.					
Principal Place of Business 8 NORTH OAK AVE LAKE PLACID, FL 33852 US			Mailing Address PO BOX 336 LAKE PLACID, FL 33862 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRAPER, SHARON		NAME		
STREET ADDRESS	99 COLE DANLEY DRIVE		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 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> <i>Harriet Porter, President</i> 1/24/08 9624652389					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40012100



01222008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0393532 Applied For
Not Applicable

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

FL

Zip Code

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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NAME	PORTER, HARRIET	
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SIGNATURE: HARRIET PORTER *Harriet Porter, President* 1/24/08 9624652389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #