

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001014

FILED
Jan 12, 2009
Secretary of State

Entity Name: THE LAKE PLACID MURAL SOCIETY, INC.

Current Principal Place of Business:

8 NORTH OAK AVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 336
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 65-0393532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PORTER, ROBERT
Address: 159 DEANNA DRIVE
City-St-Zip: LAKE PLACID, FL

Title: T () Delete
Name: DRAPER, SHARON
Address: 99 COLE DANLEY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: PORTER, HARRIET
Address: 159 DEANNA DRIVE
City-St-Zip: LAKE PLACID, FL

Title: D () Delete
Name: MCGOVERN, EDITH L.
Address: 329 4TH AVE
City-St-Zip: LAKE PLACID, FL

Title: P () Delete
Name: BASTARDI, STEVE
Address: 36 TWIN LAKES ROAD
City-St-Zip: LAKE PLACID, FL

Title: D () Delete
Name: BONETT, JOE
Address: 404 BOTTLEBRUSH RD
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRIET R. PORTER

Electronic Signature of Signing Officer or Director

S

01/12/2009

Date