

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001014

FILED  
Mar 18, 2011  
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  
Name: PORTER, ROBERT  
Address: 159 DEANNA DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

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

Title: P S  
Name: PORTER, HARRIET  
Address: 159 DEANNA DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: MCGOVERN, EDIE  
Address: 335 BELL GROVE ST.  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: BASTARDI, STEVE  
Address: P.O. BOX 1784  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: FLOCKE, LEE  
Address: 3039 WATERWAY DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

SIGNATURE: HARRIET PORTER

P S

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date