

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008094

**Entity Name:** LAKE CANE RESTORATION SOCIETY, INC.

**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC7335802155**

**Current Principal Place of Business:**

7300 SANDLAKE COMMONS BLVD.  
#105  
ORLANDO, FL 32819

**Current Mailing Address:**

7300 SANDLAKE COMMONS BLVD.  
#105  
ORLANDO, FL 32819 US

**FEI Number: 26-3400417**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MEISENHEIMER, JOHN L M.D.  
7300 SANDLAKE COMMONS BLVD.  
#105  
ORLANDO, FL 32819 US

*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

**Officer/Director Detail :**

Title P  
Name MEISENHEIMER, JOHN L M.D.  
Address 6645 LAKE CANE DRIVE  
City-State-Zip: ORLANDO FL 32819

Title V  
Name MYERS, MARK  
Address 5217 PATRICIA DR  
City-State-Zip: ORLANDO FL 32819

Title T  
Name FITZGERALD, KATHLEEN  
Address 518 OXFORD COURT  
City-State-Zip: ORLANDO FL 32803

Title S  
Name MWANZA, SESHETA  
Address 402 NAVARRE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 327142224

Title D  
Name ANDERSON, VALERIE  
Address 714 KENTUCKY AVE  
City-State-Zip: ST. CLOUD FL 34769-3311

*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: KATHLEEN F FITZGERALD**

**TREASURER**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date