above, or on an attachment with all other like empowered.
SIGNATURE: KARLA STOGSDILL
TREASURER

Electronic Signature of Signing Officer/Director Detail

#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0800008094

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

#### **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

#### 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

#### **Officer/Director Detail :**

City-State-Zip: LAKE MARY FL 32746

Title	P	Title	V
Name	MEISENHEIMER, JOHN L M.D.	Name	MYERS, MARK
Address	6645 LAKE CANE DRIVE	Address	5217 PATRICIA DR
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819
Title	D	Title	TREASURER
Name	ANDERSON, VALERIE	Name	STOGSDILL, KARLA
Address	714 KENTUCKY AVE	Address	6604 GREENGROVE
City-State-Zip:	ST. CLOUD FL 34769-3311	City-State-Zip:	CLERMONT FL 34714
Title	SECRETARY		
Name	MWANZA, SESHETA		
Address	410 SAND CASTLE LOOP UNIT 216		

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.

Certificate of Status Desired: No

FILED Apr 28, 2021 Secretary of State 5595282914CC

> 04/28/2021 Date

Date