

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008094

Entity Name: LAKE CANE RESTORATION SOCIETY, INC.

FILED
Jan 06, 2019
Secretary of State
0308191847CC

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 S
Name TORRES, ESTEVAN
Address 13814 OXPREY NEST LANE
36
City-State-Zip: ORLANDO FL 32837

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

Title TREASURER
Name STOGSDILL, KARLA
Address 6604 GREENGROVE
City-State-Zip: CLERMONT FL 34714

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: KARLA STOGSDILL

TREASURER

01/06/2019

Electronic Signature of Signing Officer/Director Detail

Date