

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008094

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****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	3226 YALE DR
City-State-Zip:	BROOMFIELD CO 80023

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

Title	SECRETARY
Name	MWANZA, SESHETA
Address	410 SAND CASTLE LOOP UNIT 216
City-State-Zip:	LAKE MARY FL 32746

Title	TREASURER
Name	HUDAK, MEGAN
Address	7004 TAVISTOCK LAKES BLVD APT 326
City-State-Zip:	ORLANDO FL 32827

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: JOHN L MEISENHEIMER, M.D.**PRESIDENT****04/30/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date