

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001014

Entity Name: THE LAKE PLACID MURAL SOCIETY, INC.

Current Principal Place of Business:

8 NORTH OAK AVE
LAKE PLACID, FL 33852

Current Mailing Address:

PO BOX 336
LAKE PLACID, FL 33862 US

FEI Number: 65-0393532

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTER, HARRIET R.
159 DEANNA DRIVE
LAKE PLACID, FL 33852 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 VP
Name PORTER, ROBERT
Address 159 DEANNA DRIVE
City-State-Zip: LAKE PLACID FL 33852

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

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

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

Title SECRETARY
Name WARNER, JONI
Address 910 WILD FLOWER STREET
City-State-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

PRESIDENT

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date