

**2014 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**

**04/03/2014**

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

\_\_\_\_\_  
Date