#### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001014

Entity Name: THE LAKE PLACID MURAL SOCIETY, INC.

FILED
Apr 20, 2020
Secretary of State
8638073326CC

### **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 T Title F

NameDRAPER, SHARONNamePORTER, HARRIETAddress99 COLE DANLEY DRIVEAddress159 DEANNA DRIVECity-State-Zip:LAKE PLACID FL 33852City-State-Zip:LAKE PLACID FL 33852

 Title
 D
 Title
 SECRETARY

 Name
 FLOCKE, LEE
 Name
 WARNER, JONI

Address 3039 WATERWAY DRIVE Address 910 WILD FLOWER STREET

City-State-Zip: LAKE PLACID FL 33852 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 PRESID

Electronic Signature of Signing Officer/Director Detail

PRESIDENT