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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701444** (2)

1. Corporation Name

**LANARK VILLAGE TRAVELER'S, INC.**



Principal Place of Business	Mailing Address
% KATHRYN M KEMP LANARK VILLAGE, POB 701 LANARK VILLAGE FL 32323	% KATHRYN M KEMP LANARK VILLAGE, POB 701 LANARK VILLAGE FL 32323

3. Date Incorporated or Qualified

**09/21/1960**

4. FEI Number

**59-0931097**

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

8. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWLOR, FLORENCE M.  
9-2 PARKER ST.  
P.O. BOX 1269  
LANARK VILLAGE FL 32323

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	KEMP, KATHRYN M.	
STREET ADDRESS	HOLLAND STREET 32-1	
CITY-ST-ZIP	LANARK VILLAGE, FL 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BAILEY, ANNA	
STREET ADDRESS	DAHLIA CT. 21-6	
CITY-ST-ZIP	LANARK VILLAGE, FL 00000	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, LOUISE	
STREET ADDRESS	POINSETTA CT., 45-5	
CITY-ST-ZIP	LANARK VILLAGE FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> DELETE
NAME	BLESS, NORA	
STREET ADDRESS	CARL KING AVE.	
CITY-ST-ZIP	LANARK VILLAGE FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TEUMER, WALLY	
STREET ADDRESS	MARI GOLD COURT 35-1	
CITY-ST-ZIP	LANARK VILLAGE FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PILLE, ANN	
STREET ADDRESS	PINE STREET	
CITY-ST-ZIP	LANARK VILLAGE, FL 00000	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*KATHRYN M. KEMP*  
KATHRYN M. KEMP

3-3-98 850-697-2484

CP2E037 (10/97)