2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # 701444** 04-22-2004 90008 004 \*\*\*\*61.25 LANARK VILLAGE TRAVELER'S. INC. Principal Place of Business Mailing Address LANARK VILLAGE TRAVELERS, INC 155 HEFFERNAN AVENUE LANARK VILLAGE FL 32323-0414 LANARK VILLAGE TRAVELERS, INC 54038397 PO BOX 414 LANARK VILLAGE FL 32323-0414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-0931097 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOVE, MARY ANN** Street Address (P.O. Box Number is Not Acceptable) 126 ALABAMA ST CARRABELLE FL 32322 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent ne of registered agent and title if applicable (NOTE: FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to. Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change Addition BARNHILL, JEAN NAME NAME 2 PINE ST STREET ADDRESS STREET ADDRESS LANARK VILLAGE FL 32323 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE DIETZ, ROBERT NAME NAME 171 CARL KING AVENUE STREET ADDRESS STREET ADDRESS CARRABELLE FL 32323-2119 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE BOVE, MARY ANN NAME NAME 126 ALABAMA ST STREET ADDRESS STREET ADDRESS CARRABELLE FL 32322 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE DIETZ, CAROL NAME NAME 171 CARL KING AVENUE STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

**CARRABELLE FL 32323-2119** 

LANARK VILLAGE FL 32323-0486

LANARK VILLAGE FL 32323-1463

2523 FLORIDA AVENUE, GULF TERRACE

KLEAVER, IRENE

662 PINE STREET

PILLE, ANN

INTED NAME OF SIGN

J.DIETZ NG OFFICER OR DIRECTO

FILED

☐ Change

☐ Change

☐ Addition

Addition