

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701444

FILED
Jan 11, 2010
Secretary of State

Entity Name: LANARK VILLAGE TRAVELER'S, INC.

Current Principal Place of Business:

LANARK VILLAGE TRAVELERS, INC
155 HEFFERNAN AVENUE
LANARK VILLAGE, FL 323230414 US

New Principal Place of Business:

Current Mailing Address:

LANARK VILLAGE TRAVELERS, INC
PO BOX 414
LANARK VILLAGE, FL 323230414 US

New Mailing Address:

FEI Number: 59-0931097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASHER, BARBARA
146 CARL KING AVE
CARRABELLE, FL 32322 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V
Name: QUAAS, SUZETTE
Address: 36-2 HOLLAND AVE
City-St-Zip: LANARK VILLAGE, FL 32323 US

Title: P
Name: KIGHT, PEGGY
Address: 532 SPRING STREET
City-St-Zip: CARRABELLE, FL 32322 US

Title: S
Name: LASHER, BARBARA
Address: 146 CARL KING AVENUE
City-St-Zip: CARRABELLE, FL 32322 US

Title: T
Name: BLESS, DOROTHY
Address: 123 CARL KING AVENUE
City-St-Zip: CARRABELLE, FL 32322 US

Title: D
Name: RHINEHART, JANIS
Address: 56-5 PARKER AVENUE
City-St-Zip: LANARK VILLAGE, FL 32323 US

Title: D
Name: QUAAS, J. R.
Address: 36-2 HOLLAND AVENUE
City-St-Zip: LANARK VILLAGE, FL 32323 US

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: BARBARA LASHER

SEC

01/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date