


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90029 045 \*\*\*\*70.00

<b>DOCUMENT # 722119</b>		
1. Entity Name <b>THE LAKE LAND ART GUILD, INC.</b>		

Principal Place of Business <b>707 E. LEMON ST. PO BOX 353 LAKE LAND, FL 33802</b>	Mailing Address <b>PO BOX 353 LAKE LAND, FL 33802 US</b>
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**50059056**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07202005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>23-7155792</b>		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
JOHNSON, VICTORIA L 210 VICTOR RD LAKE LAND, FL 33809		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, VICTORIA L 210 VICTOR RD LAKE LAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V GEIGER, JOSEPH 34743 MISSIONARY ROAD DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b><del>SCOTT DUNNING</del> DUNNING, JERRY</b> <b>921 EAST PARKER ST. #3</b> <b>LAKE LAND, FL 33801-1901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, ROBIN 718 CREVASSE ST LAKE LAND, FL 33805 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GILLIAM, TINA</b> <b>8704 PINE TREE DR.</b> <b>LAKE LAND, FL 33809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V WILLIAMS, FRED 2889 JENNIFER DR LAKE LAND, FL 33810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TREVERTON, ANTONIA</b> <b>4722 BURGUNDY PLACE</b> <b>LAKE LAND, FL 33813</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALLISTER, LINDA 2002 E GACHET BLVD LAKE LAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MCALLISTER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

**SIGNATURE:**  **LINDA MCALLISTER** **7-22-05 863-644-7117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #