

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722119

FILED
Jan 15, 2009
Secretary of State

Entity Name: THE LAKE LAND ART GUILD, INC.

Current Principal Place of Business:

707 E. LEMON ST.
PO BOX 353
LAKE LAND, FL 33802

New Principal Place of Business:

707 E. LEMON ST.
LAKE LAND, FL 33802

Current Mailing Address:

PO BOX 353
LAKE LAND, FL 33802 US

New Mailing Address:

FEI Number: 23-7155792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARRSON, NIKI
206 ORANGEVIEW LANE
LAKE LAND, FL 33803 US

Name and Address of New Registered Agent:

MCALLISTER, LINDA M
2002 E. GACHET BLVD.
LAKE LAND, FL 33813 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: LINDA M. MCALLISTER

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLIKEN, TARA
Address: 2022 ROXBURG LN.
City-St-Zip: LAKE LAND, FL 33815

Title: S () Delete
Name: THIELE, KARL
Address: P.O. BOX 91274
City-St-Zip: LAKE LAND, FL 338041274

Title: V () Delete
Name: MCALLISTER, LINDA
Address: 2002 E. GACHET BLVD.
City-St-Zip: LAKE LAND, FL 33813

Title: T () Delete
Name: LARSON, NIKI
Address: 206 ORANGEVIEW LN.
City-St-Zip: LAKE LAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCALLISTER, LINDA M
Address: 2002 E. GACHET BLVD.
City-St-Zip: LAKE LAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SHAER, PATRICIA
Address: 1951 MICHELLE LANE
City-St-Zip: LAKE LAND, FL 33813

Title: T (X) Change () Addition
Name: ALEXANDER, LO
Address: 1711 BELLGRAVE
City-St-Zip: LAKE LAND, FL 33805

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA M. MCALLISTER

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date