

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727043

FILED  
May 20, 2007  
Secretary of State

**Entity Name:** THE LAKE HELEN LEAGUE FOR BETTER LIVING, INC.

**Current Principal Place of Business:**

261 N. LAKEVIEW DR.  
P O BOX 657  
LAKE HELEN, FL 32744

**New Principal Place of Business:**

240 N. EUCLID AVENUE  
LAKE HELEN, FL 32744

**Current Mailing Address:**

261 N. LAKEVIEW DR.  
P O BOX 657  
LAKE HELEN, FL 32744

**New Mailing Address:**

240 N. EUCLID AVENUE  
LAKE HELEN, FL 32744

**FEI Number:** 59-2906093      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHNEIDER, DOROTHY  
261 N LAKEVIEW DR  
LAKE HELEN, FL 32744      US

**Name and Address of New Registered Agent:**

WILSON, NANCY  
212 N. EUCLID AVENUE  
LAKE HELEN, FL 32744      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: NANCY WILSON

05/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD      ( ) Delete  
Name: DOHERTY, JOHN F  
Address: 240 N. EUCLID AE.  
City-St-Zip: LAKE HELEN, FL 32744

Title: TD      ( ) Delete  
Name: SCHNEIDER, DOROTHY  
Address: 261 N LAKEVIEW DR  
City-St-Zip: LAKE HELEN, FL 32744

Title: D      ( ) Delete  
Name: DOHERTY, BETTY  
Address: 240 N EUCLID AVE  
City-St-Zip: LAKE HELEN, FL 32744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD      (X) Change ( ) Addition  
Name: WILSON, NANCY  
Address: 212 N. EUCLID AVENUE  
City-St-Zip: LAKE HELEN, FL 32744

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

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: NANCY WILSON

TD

05/20/2007

Electronic Signature of Signing Officer or Director

Date