


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90129 042 ****61.25

DOCUMENT # 730089 1. Entity Name LAFAYETTE PARK NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 607 MCDANIEL ST. TALLAHASSEE, FL 32303			Mailing Address 607 MCDANIEL ST. TALLAHASSEE, FL 32303		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0189643	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LUPIANI, MICHAELA 607 MCDANIEL ST. TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	PD	MCGUIRE, KATHY	1101 PINE ST. TALLAHASSEE, FL 32303		
	VPD	JOHNSON, JEFF	637 INGLESIDE TALLAHASSEE, FL 32303		
	SD	HOWELL, FAYE	625 MCDANIEL ST TALLAHASSEE, FL 32303		
	TD	LUPIANI, MICHAELA	607 MCDANIEL ST. TALLAHASSEE, FL 32303		
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	Alice Vickers	623 Beard St Tallahassee, FL 32303		
	VPD	Chuck Heffren	634 Ingleside Av. Tallahassee, FL 32303		
	SD	Kathy McGuire	1101 Pine St. Tallahassee, FL 32303		
		no change		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Michael Lupiani</u> <u>Michaela Lupiani</u> <u>4/12/06</u> <u>850 644 7443</u>					