

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745009

FILED
Jan 11, 2009
Secretary of State

Entity Name: THE LANTERNS ASSOCIATION, INC.

Current Principal Place of Business:

1145 4TH ST SOUTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1145 4TH ST SOUTH
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-1979828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTH, BRENDA
1151 4TH ST S
NAPLES, FL 34102 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: ST () Delete
Name: ANTHON, VICKIE
Address: 450 11TH AVE. SOUTH
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: GORDON, ANKNEY
Address: 1107 HAWKEN PLACE
City-St-Zip: SAINT LOUIS, MO 63119

Title: ST () Delete
Name: DEPPE, GERALD P
Address: 4501 LINDELL BLVD
City-St-Zip: ST LOUIS, MO

Title: PD () Delete
Name: RETTER, ALICE
Address: 450 11TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: BUSSMAN, EDWINA
Address: 1115 FOURTH S. SOUTH
City-St-Zip: NAPLES, FL 34102

Title: P () Delete
Name: RUTH, BRENDA
Address: 1151 FOURTH STREET SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: DEPPE, GERALD P
Address: 4501 LINDELL BLVD
City-St-Zip: ST LOUIS, MO 63108

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

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

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: BRENDA RUTH

PRES

01/11/2009

Electronic Signature of Signing Officer or Director

Date