

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764436

FILED
Jan 15, 2007
Secretary of State

Entity Name: LAKE PLACID HISTORICAL SOCIETY DEPOT MUSEUM, INC.

Current Principal Place of Business:

12 PARK AVENUE
PO BOX 304
LAKE PLACID, FL 33852 US

New Principal Place of Business:

12 PARK AVENUE
LAKE PLACID, FL 33852 US

Current Mailing Address:

P O BOX 304
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-2277779 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STALLS, S. H PRES.
296 LAKE PEARL DRIVE
LAKE PLACID, FL 33852 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: P () Delete
Name: STALLS, S. H
Address: 296 LAKE PEARL DR
City-St-Zip: LAKE PLACID, FL 33852

Title: VP () Delete
Name: HAYS, EVELYN MS
Address: 618 LAKE BLUE DR
City-St-Zip: LAKE PLACID, FL 33852

Title: CS () Delete
Name: PARRISH, JEAN MS
Address: 325 EAST WATERWAY AVE NW
City-St-Zip: LAKE PLACID, FL 33852

Title: RS () Delete
Name: RIDER, CAROLYN MS
Address: 48 GLORY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: HEALEY, KAY MS
Address: 1803 TAYLOE LANE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: BOWERS, BOB
Address: 3220 OLEADER DR
City-St-Zip: LAKE PLACID, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DIECE, NICK
Address: 21 REDWOOD DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: CS (X) Change () Addition
Name: HOGAN, DOROTHY MS
Address: 24 LAKE GARDEN DRIVE
City-St-Zip: LAKE PLACID, FL 33852

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

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

Title: D (X) Change () Addition
Name: WILLIAMS, THOMAS
Address: 26 OAK STREET
City-St-Zip: LAKE PLACID, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the 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: S. H. STALLS

P

01/15/2007

Electronic Signature of Signing Officer or Director

Date