

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90040 048 \*\*\*\*61.25

<b>DOCUMENT # 764436</b> 1. Entity Name <b>LAKE PLACID HISTORICAL SOCIETY DEPOT MUSEUM, INC.</b>					
Principal Place of Business <b>12 PARK AVENUE LAKE PLACID FL 33852 US</b>			Mailing Address <b>P O BOX 304 LAKE PLACID FL 33862 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2277779</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STALLS, S. H. PRES. 296 LAKE PEARL DRIVE LAKE PLACID FL 33852</b>				7. Name and Address of New Registered Agent Name <b>Roberts, Betty Ray</b> Street Address (P.O. Box Number is Not Acceptable) <b>320 Phoenix Av</b> <b>Lake Placid, FL 33852</b> City <b>FL</b> Zip Code	
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.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>2-27-08</b>	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STALLS, S. H</b> <b>296 LAKE PEARL DR</b> <b>LAKE PLACID FL 33852</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Roberts, Betty Ray</b> <b>320 Phoenix Ave</b> <b>Lake Placid, FL 33852</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>DIECE, NICK</b> <b>21 REDWOOD DRIVE</b> <b>LAKE PLACID FL 33852</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rider, Floyd</b> <b>48 Glory Drive</b> <b>Lake Placid, FL 33852</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CS</b> <input type="checkbox"/> Delete <b>HOGAN, DOROTHY MS</b> <b>24 LAKE GARDEN DRIVE</b> <b>LAKE PLACID FL 33852</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS</b> <input type="checkbox"/> Delete <b>RIDER, CAROLYN MS</b> <b>48 GLORY DRIVE</b> <b>LAKE PLACID FL 33852</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>HEALEY, KAY MS</b> <b>1803 TAYLOE LANE</b> <b>LAKE PLACID FL 33852</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jean Parrish</b> <b>325 E. Waterway DR NW</b> <b>Lake Placid, FL 33852</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WILLIAMS, THOMAS</b> <b>26 OAK STREET</b> <b>LAKE PLACID FL 33952</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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: **S.H. STALLS**

**863-465-7280**