2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 790155

Entity Name: LAKE REGION PACKING ASSOCIATION

Current Principal Place of Business:

1293 S DUNCAN DRIVE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

PO BOX 1047
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-0324120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELDHUIS, JOHN
1293 S. DUNCAN DRIVE
TAVARES, FL 32778 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:	FOX, MARIE E	
Address:	1293 S DUNCAN DR	
City-St-Zip:	TAVARES, FL 32778	
Title:	PD	( ) Delete
Name:	BATTAGLIA, ROBERT E	
Address:	1293 S DUNCAN DR	
City-St-Zip:	TAVARES, FL 32778	
Title:	D	( ) Delete
Name:	MCMULLEN, W R	
Address:	1293 S DUNCAN DR	
City-St-Zip:	TAVARES, FL 32778	
Title:	D	( ) Delete
Name:	MACKAY, K H III	
Address:	1293 S DUNCAN DR	
City-St-Zip:	TAVARES, FL 32778	
Title:	DVP	( ) Delete
Name:	CARSON, TK	
Address:	1293 S DUNCAN DR	
City-St-Zip:	TAVARES, FL 32778	
Title:	D	( ) Delete
Name:	HERLONG, JAMES H	
Address:	1293 S DUNCAN DR	
City-St-Zip:	TAVARES, FL 32778	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	VELDHUIS, JOHN	
Address:	1293 S DUNCAN DR	
City-St-Zip:	TAVARES, FL 32778	
Title:	D	(X) Change ( ) Addition
Name:	MACKAY, KENNETH H III	
Address:	1293 S DUNCAN DR	
City-St-Zip:	TAVARES, FL 32778	
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: MARIE E FOX ST 01/13/2009

Electronic Signature of Signing Officer or Director — Date