

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790155

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**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  
Name: FOX, MARIE E  
Address: 1293 S DUNCAN DR  
City-St-Zip: TAVARES, FL 32778

Title: PD  
Name: BATTAGLIA, ROBERT E  
Address: 1293 S DUNCAN DR  
City-St-Zip: TAVARES, FL 32778

Title: D  
Name: VELDHUIS, JOHN  
Address: 1293 S DUNCAN DR  
City-St-Zip: TAVARES, FL 32778

Title: D  
Name: MACKAY, KENNETH H III  
Address: 1293 S DUNCAN DR  
City-St-Zip: TAVARES, FL 32778

Title: D  
Name: MARTIN, KAREN  
Address: 1293 S DUNCAN DR  
City-St-Zip: TAVARES, FL 32778

Title: D  
Name: HERLONG, JAMES H  
Address: 1293 S DUNCAN DR  
City-St-Zip: TAVARES, FL 32778

I hereby 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 all other like empowered.

SIGNATURE: MARIE FOX

SECT

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date