

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004438

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: LAKE MARTIN EPISCOPAL RETREAT, INC.

**Current Principal Place of Business:**

4399 COMMONS DRIVE EAST  
300  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

4421 COMMONS DR  
SUITE B103, PMB 404  
DESTIN, FL 325413487

**New Mailing Address:**

FEI Number: 63-0892596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOBLEY, FORREST C REV/DR  
4421 COMMONS DR  
SUITE B103, PMB 404  
DESTIN, FL 325413487 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: MOBLEY, FORREST C REV/DR  
Address: 4421 COMMONS DR SUITE B103, PMB 404  
City-St-Zip: DESTIN, FL 325413487

Title: ST ( ) Delete  
Name: MOBLEY, NANCY MRS  
Address: 4421 COMMONS DR SUITE B103, PMB 404  
City-St-Zip: DESTIN, FL 32541

Title: C ( ) Delete  
Name: LANCE, WILLIAM DR  
Address: 7024 DARYN LANE  
City-St-Zip: FORT COLLINS, CO 80524

Title: D ( ) Delete  
Name: BLACKBURN, BILL DR  
Address: 1295 LITTLE HARBOUR LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: PARDONNER, DAVE  
Address: 497 DEER POINT DR  
City-St-Zip: GULF BREEZE, FL 325614520

Title: D ( ) Delete  
Name: MILLING, BERT HON  
Address: 18935 SCENIC HWY 98  
City-St-Zip: FAIRHOPE, AL 36532

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: WILLIAM R LANCE

DR

01/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date