

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002554

FILED
Apr 27, 2009
Secretary of State

Entity Name: LAKE PLACID AQUATICS, INC.

Current Principal Place of Business:

% LAKE PLACID HIGH SCHOOL
202 GREEN DRAGON DRIVE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

PO BOX 934
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 65-1018438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLION, JON T D
117 MCCOY DR.
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

MILLION, JON T D
117 MCCOY DR
LAKE PLACID, FL 33852 US

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: JON T MILLION

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURRAY, VALERIE
Address: 16 DAIMOND BAY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: YATES, MICHELLE
Address: P.O. BOX 2862
City-St-Zip: LAKE PLACID, FL 33862

Title: T () Delete
Name: SAPP, STEPHANIE
Address: 147 OB ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: VP () Delete
Name: OXER, MONIQUE
Address: 108 HUNTLEY OAKS CT
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: MILLION, JON
Address: 117 MCCOY DR
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OXER, MONIQUE
Address: 108 HUNTLEY OAKS CT
City-St-Zip: LAKE PLACID, FL 33852

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

Title: VP (X) Change () Addition
Name: SAPP, STEPHANIE
Address: 147 OB ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: T (X) Change () Addition
Name: LAMBERT, KARI
Address: 126 E. ROYAL PALM AVE
City-St-Zip: LAKE PLACID, FL 33852

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: JON T MILLION

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date