



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001951	
1. Entity Name LAKESHORE AREA PRESERVATION SOCIETY, INC.	

Principal Place of Business 4603 FREMONT ST JACKSONVILLE, FL 32210	Mailing Address 4603 FREMONT ST JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 45-0472551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TISE, AMANDA R 4603 FREMONT ST JACKSONVILLE, FL 32210	
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TISE, AMANDA R 4603 FREMONT ST JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, KORY 4604 FREMONT ST JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNS, BETH 4639 FREMONT ST JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDOWELL, MAUREEN 4557 COLONIAL AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PITZER, NORMA 4614 BLACKBURN RD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/04/05-80053-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Amanda Rafe Tise **2/7/05** **904 358 1666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #