2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001951

1. Entity Name
LAKESHORE AREA PRESERVATION SOCIETY, INC.

Principal Place of Business	Mailing Address
4603 FREMONT ST JACKSONVILLE, FL 32210	4603 FREMONT ST JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

02242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
45-0472551
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TISE, AMANDA R
STREET ADDRESS	4603 FREMONT ST
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	PD
NAME	MURPHY, KORY
STREET ADDRESS	4604 FREMONT ST
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VPD
NAME	JOHNS, BETH
STREET ADDRESS	4639 FREMONT ST
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	SD
NAME	MCDOWELL, MAUREEN
STREET ADDRESS	4557 COLONIAL AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	TD
NAME	PITZER, NORMA
STREET ADDRESS	4614 BLACKBURN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000459180
03/18/06-80021-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 2/25/06 904-403-1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #