

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001951

FILED
Jan 09, 2009
Secretary of State

Entity Name: LAKESHORE AREA PRESERVATION SOCIETY, INC.

Current Principal Place of Business:

4611 PINEWOOD RD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4611 PINEWOOD RD.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 45-0472551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATHURST, CARLA A
4611 PINEWOOD RD.
JACKSONVILLE, FL 32210 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: PD () Delete
Name: BATHURST, CARLA A
Address: 4611 PINEWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD () Delete
Name: PATERNO, JEREMY
Address: 4724 BLACKBURN ST.
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: WOODEN, ALISSA
Address: 2352 BAYVIEW RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: PITZER, NORMA
Address: 4614 BLACKBURN RD.
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: CARLA A. BATHURST

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date