2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N05000011044

LAKÉ POWELL COMMUNITY ALLIANCE, INC.



Principal Place of Business

387 N. WALL STREET

PANAMA CITY BEACH, FL 32413

Mailing Address

387 N. WALL STREET

PANAMA CITY BEACH, FL 32413

FILED Feb 07, 2007 8:00 am Secretary of State

02-07-2007 90048 041 ****70.00

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01162007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-3730450 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

AME Buddy Windham

TITLE

NAME

BRYAN, RICHARD 387 N. WALL STREET PANAMA CITY BEACH, FL 32413

DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and side if applicable. (NOTE, Registered)			Agent signature required when reinstating) OATE			
	Filing Fee Is \$61.25 Due by May 1, 2007	Election Campaign Financin Trust Fund Contribution.	19 🗆	\$5.00 May Be Added to Fees		
10.	0. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, RICHARD 387 N. WALL STREET PANAMA CITY BEACH, FL 32413					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, EMILY P.O. BOX 611112 ROSEMARY BEACH, FL 32461					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREMAN, CHRIS P.O. BOX 611112 ROSEMARY BEACH, FL 32461 O JOC Gannt H9 Blue Crab LN. Panama Cota H. 32413			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chuck Bowen					
TITLE NAME STREET ADDRESS CJTY-ST-ZIP	ROGER BOWLEN 152 CRIN Rd.	FL. 32413				
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						