2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011044

FILED Mar 04, 2008 Secretary of State

Entity Name: LAKE POWELL COMMUNITY ALLIANCE, INC.

Current Principal Place of Business: New Principal Place of Business: 387 N. WALL STREET PANAMA CITY BEACH, FL 32413 **Current Mailing Address: New Mailing Address:** 387 N. WALL STREET PANAMA CITY BEACH, FL 32413 FEI Number: 20-3730450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRYAN, RICHARD 387 N. WALL STREET PANAMA CITY BEACH, FL 32413 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BRYAN, RICHARD WINDHAM, BUDDY Name: Name: 387 N. WALL STREET Address: 147 CAIN RD Address: City-St-Zip: PANAMA CITY BEACH, FL 32413 City-St-Zip: PANAMA CITY BEACH, FL 32413 Title: () Delete Title: () Change () Addition ELLIS, EMILY Name: Name: Address: P.O. BOX 611112 Address: City-St-Zip: ROSEMARY BEACH, FL 32461 City-St-Zip: Title: () Delete Title: (X) Change () Addition FOREMAN, CHRIS FORMAN, CHRIS Name: Name: Address: P.O. BOX 611112 Address: P.O. BOX 611112 City-St-Zip: ROSEMARY BEACH, FL 32461 City-St-Zip: ROSEMARY BEACH, FL 32461 () Delete Title: Title: () Change () Addition GANNT. JOE Name: Name: Address: H8 BLUE CRAB LN Address: City-St-Zip: PANAMA CITY BEACH, FL 32413 City-St-Zip: Title: () Delete Title: (X) Change () Addition BOWEN, CHUCK CANADY, KENNETH Name: Name: CAIN ROAD 1 N WALL ST Address: Address: PANAMA CITY BEACH, FL 32413 City-St-Zip: City-St-Zip: PANAMA CITY BEACH, FL 32413 Title: (X) Delete Title: () Change () Addition BOWDEN, ROGER Name: Name: Address: 152 CAIN RD Address: PANAMA CITY BEACH, FL 32413 City-St-Zip: 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: CHRIS FORMAN PRES 03/04/2008