

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011044

FILED
Apr 14, 2009
Secretary of State

Entity Name: LAKE POWELL COMMUNITY ALLIANCE, INC.

Current Principal Place of Business:

387 N. WALL STREET
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

387 N. WALL STREET
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 20-3730450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BRAD CONGLETON CPA, INC
50 UPTOWN GRAYTON CIRCLE
#15
SANTA ROSA BEACH, FL 32459 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: BRAD CONGLETON

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WINDHAM, BUDDY
Address: 147 CAIN RD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: ELLIS, EMILY
Address: P.O. BOX 611112
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: D () Delete
Name: FORMAN, CHRIS
Address: P.O. BOX 611112
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: D () Delete
Name: GANNIT, JOE
Address: H8 BLUE CRAB LN
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: CANADY, KENNETH
Address: 1 N WALL ST
City-St-Zip: PANAMA CITY BEACH, FL 32413

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:

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: BRAD CONGLETON

RA

04/14/2009

Electronic Signature of Signing Officer or Director

Date