2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# N06000006354

Entity Name: LAKE CITY SKATE PARK, INCORPORATED

Current Principal Place of Business:

271 NW HILTON AVE
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1832
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 20-5043528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KNAPP, MARIA
271 NW HILTON AVENUE
LAKE CITY, FL 32055 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: P ( ) Delete
Name: CASLOW, SANDRA
Address: 248 SW FABIAN WAY
City-St-Zip: LAKE CITY, FL 32024

Title: VP ( ) Delete
Name: KNAPP, JOEY
Address: 271 NW HILTON AVE.
City-St-Zip: LAKE CITY, FL 32055

Title: S ( ) Delete
Name: BUSSCHER, GINA
Address: 159 SE MILL CREEK CT.
City-St-Zip: LAKE CITY, FL 32025

Title: T ( ) Delete
Name: DOWLING, LINDA
Address: 471 SW THERESA CT.
City-St-Zip: LAKE CITY, FL 32024

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: JOEY KNAPP VP 07/08/2008
Electronic Signature of Signing Officer or Director — Date