

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006354

FILED  
Mar 03, 2009  
Secretary of State

**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 ( )**

**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

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date