

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152008 Chg-NP CR2E037 (12/06)

DOCUMENT # N07000003313					
1. Entity Name LADY LAKE HISTORICAL SOCIETY, INCORPORATED					
Principal Place of Business 107 S. OLD DIXIE HIGHWAY LADY LAKE, FL 32159			Mailing Address POST OFFICE BOX 1486 LADY LAKE, FL 32158		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3132897	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIMMONS, SHIRLEY 113 ROSEMARY AVENUE LADY LAKE, FL 32159			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <i>Shirley Kimmons</i>		<i>Shirley Kimmons</i>		DATE <i>1-19-08</i>	
Signature, typed or printed name of registered agent and state if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAXTON, LOWELL		NAME		
STREET ADDRESS	326 IVANHOE CR		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, PAUL		NAME		
STREET ADDRESS	2625 GRIFFENVIEW ROAD		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMMONS, SHIRLEY		NAME		
STREET ADDRESS	113 ROSEMARY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON-ANDERSON, RANDA		NAME		
STREET ADDRESS	201 EAST LADY LAKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COTTOM, HELEN		NAME		
STREET ADDRESS	327 IVANHOE CR		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, PAT		NAME		
STREET ADDRESS	1859 W SCHWARTZ BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lowell Saxton</i>		<i>Lowell Saxton</i>		DATE <i>1-19-08</i> 352-259-3811	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

W. Williams JUN 13 2008