2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N07000009883

Entity Name: LAKE PARK COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

535 PARK AVENUE
LAKE PARK, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

535 PARK AVENUE
LAKE PARK, FL 33403 US

New Mailing Address:

FEI Number: 26-1231959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, VIRGINIA
535 PARK AVENUE
LAKE PARK, FL 33403 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: D ( ) Delete
Name: OSTERMAN, PATRICIA
Address: 919 W. JASMINE DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: VC ( ) Delete
Name: FRANCOIS, CHRISTINE
Address: 65 SPANISH RIVER DRIVE
City-St-Zip: OCEAN RIDGE, FL 33435

Title: STD ( ) Delete
Name: MEKENZIE-SUITER, MICHELLE
Address: 931 W. ILLES DR.
City-St-Zip: LAKE PARK, FL 33403

Title: DIR ( ) Delete
Name: MARTIN, VIRGINIA M MS.
Address: 535 PARK AVENUE
City-St-Zip: LAKE PARK, FL 33403 US

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: VIRGINIA MARTIN MS. 04/17/2009

Electronic Signature of Signing Officer or Director — Date