

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012069

FILED
Mar 07, 2009
Secretary of State

Entity Name: LAMPLIGHTER VILLAGE ACTIVITIES, INC.

Current Principal Place of Business:

212 WALTON COURT
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

212 WALTON COURT
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 42-1750040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALAMISURA, CONNIE
212 WALTON COURT
MELBOURNE, FL 32934 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: ALIE, DOLORES
Address: 249 WESTWIND CT
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: HOVER, EILEEN
Address: 477 WINDSHORE CT
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: MALAMISURA, CONNIE
Address: 212 WALTON COURT
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: STROUP, MARY
Address: 234 WATERBURY CT
City-St-Zip: MELBOURNE, FL 32934

Title: D (X) Delete
Name: STROUP, SAM
Address: 234 WATERBURY CT
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ALIE, DOLORES
Address: 249 WESTWIND CT
City-St-Zip: MELBOURNE, FL 32934

Title: VP (X) Change () Addition
Name: HOVER, EILEEN
Address: 477 WINDSHORE CT
City-St-Zip: MELBOURNE, FL 32934

Title: P (X) Change () Addition
Name: MALAMISURA, CONNIE
Address: 212 WALTON COURT
City-St-Zip: MELBOURNE, FL 32934

Title: S (X) Change () Addition
Name: NEWSTROM, CAROL
Address: 552 WATERFRONT STREET
City-St-Zip: MELBOURNE, FL 32934

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: CONNIE MALAMISURA

P

03/07/2009

Electronic Signature of Signing Officer or Director

Date