

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N11361			
1. Entity Name LAKE PLACID FESTIVAL ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 1824 LAKE PLACID FL 33852		Mailing Address P.O. BOX 1824 LAKE PLACID FL 33852	
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



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2825007		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWEN, LAVERNE 139 LAKE FRANCIS DRIVE LAKE PLACID FL 33852		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP OBENCHAIN, HELEN 1504 BALSAM ST. LAKE PLACID FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition U000000605297 01/30/07-80031-007 61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROBINSON, SUELLEN 309 WASHINGTON BLVD. LAKE PLACID FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P PEEPLES, VANN 132 CUMQUAL RD NW LAKE PLACID FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MILLS, CAROL 213 CATFISH RD LAKE PLACID FL 33852 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD BEAUGRAD, PAT 223 LAKEVIEW CT NW LAKE PLACID FL 33852 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T OWEN, LAVERNE M LAKE FRANCIS DR LAKE PLACID FL 33852 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Laverne Owen 1-23-07 863-465-5503