

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11361

FILED
Jan 29, 2011
Secretary of State

Entity Name: LAKE PLACID FESTIVAL ASSOCIATION, INC.

Current Principal Place of Business:

141 APPLE TREE AVE.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1824
LAKE PLACID,, FL 33862

New Mailing Address:

FEI Number: 59-2825007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, PATRICIA
141 APPLE TREE AVE.
LAKE PLACID, FL 33852 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: VP
Name: OBENCHAIN, HELEN
Address: 1504 BALSAM ST.
City-St-Zip: LAKE PLACID, FL

Title: D
Name: ROBINSON, SUELLEN
Address: 309 WASHINGTON BLVD.
City-St-Zip: LAKE PLACID, FL

Title: P
Name: PEEPLES, VANN
Address: 132 CUMQUAL RD NW
City-St-Zip: LAKE PLACID, FL

Title: D
Name: MILLS, CAROL
Address: 213 CATFISH RD
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: WARNER, JONI
Address: 910 WILDFLOWER ST.
City-St-Zip: LAKE PLACID, FL 33852

Title: T
Name: RICHARDS, PATRICIA
Address: 141 APPLE TREE AVE.
City-St-Zip: LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA J. RICHARDS

TREA

01/29/2011

Electronic Signature of Signing Officer or Director

Date