

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21279

FILED  
Mar 02, 2006  
Secretary of State

**Entity Name:** LAKE MARY-HEATHROW FESTIVAL OF THE ARTS, INC.

**Current Principal Place of Business:**

213 COUNTRY CLUB ROAD  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 952125  
LAKE MARY, FL 327462125

**New Mailing Address:**

**FEI Number:** 59-2822893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LASH, DELORES M  
213 COUNTRY CLUB ROAD  
LAKE MARY, FL 32746 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: PD ( ) Delete  
Name: LASH, DELORES  
Address: 213 COUNTRY CLUB RD  
City-St-Zip: LAKE MARY, FL 32746

Title: TD ( ) Delete  
Name: RENFRO, LINDA J  
Address: 2409 ADAMS CT  
City-St-Zip: SANFORD, FL 32771

Title: SD ( ) Delete  
Name: SENADOR, GIGI  
Address: 4240 WEST LAKE MARY BLVD  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LASH, DELORES M  
Address: 213 COUNTRY CLUB RD  
City-St-Zip: LAKE MARY, FL 32746

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 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: DELORES M LASH

PD

03/02/2006

Electronic Signature of Signing Officer or Director

Date