

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90070 020 ****61.25

DOCUMENT # N48916

1. Entity Name

LAKE PLACID ART LEAGUE, INC.



Principal Place of Business

127 DAL HALL BLVD
LAKE PLACID FL 33852
US

Mailing Address

P.O. BOX 2739
LAKE PLACID FL 33852

50018032



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3020162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDITHN, MCGOVERY
329 4TH AVE
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name **EDITH MCGOVERY**

Street Address (P.O. Box Number is Not Acceptable)

329-4th AVE

City **LAKE PLACID**

FL

Zip Code **33852**

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SNYDER, MARLENE	
STREET ADDRESS	754 SUNSET POINT DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KRUFFT, ELISE	
STREET ADDRESS	633 S LAKEVIEW ROAD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PELLAND, NORMAN	
STREET ADDRESS	1504 WINTER ROAD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDMONSON, PENNY	
STREET ADDRESS	349 COUNTY ROAD 29	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUNN, JOAN	
STREET ADDRESS	36 QUAIL RUN LANE	
CITY-ST-ZIP	LAKE PLACID FL 33852-7612	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGOVERY, EDITH	
STREET ADDRESS	329 FOURTH AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edith L. McGovern* **EDITH L. MCGOVERY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #