2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N48916

Entity Name: LAKE PLACID ART LEAGUE, INC.

Current Principal Place of Business:

127 DAL HALL BLVD
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2739
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 59-3020162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZIARZ, STEVE
331 BELLE GROVE ST
TROPICAL HARBOR ESTATES
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:	PD	( ) Delete
Name:	KEESLING, PAT	
Address:	3051 WATERWAY DR.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	VD	( ) Delete
Name:	SWANSON, JOAN	
Address:	98 GRANDVIEW BLVD	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	VD	( ) Delete
Name:	GUZAUSKAS, REVI	
Address:	28 HIGHLANDS LAKE DR.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	SD	( ) Delete
Name:	MAGG, MARIA	
Address:	330 BELLE GROVE ST.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	TD	( ) Delete
Name:	MAZIARZ, STEPHEN JR	
Address:	331 BELLE GROVE ST	
City-St-Zip:	LAKE PLACID, FL 33852	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	HAGG, MARIA	
Address:	330 BELLE GROVE ST.	
City-St-Zip:	LAKE PLACID, FL 33852	
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: STEPHEN F MAZIARZ JR TD 02/25/2009

Electronic Signature of Signing Officer or Director — Date