

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50540

FILED
Jan 26, 2009
Secretary of State

Entity Name: FRIENDS OF LAKE APOPKA, INCORPORATED

Current Principal Place of Business:

14908 TILDEN ROAD
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770355
WINTER GARDEN, FL 347770355

New Mailing Address:

FEI Number: 59-3174282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JAMES H
14908 TILDEN ROAD
WINTER GARDEN, FL 34787 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: PHIPPS, RAMONA
Address: P.O. BOX 555
City-St-Zip: OAKLAND, FL 34760

Title: VD () Delete
Name: THOMAS, JAMES M
Address: 14908 TILDEN ROAD
City-St-Zip: WINTER GARDENS, FL 34787

Title: TD () Delete
Name: MERRITT, FRANK
Address: PO BOX 704
City-St-Zip: OAKLAND, FL 34760

Title: SD () Delete
Name: DEAM, JOHN
Address: P.O. BOX 770355
City-St-Zip: WINTER GARDENS, FL 34787

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: BERRY, STEPHANIE
Address: P.O. BOX 770355
City-St-Zip: WINTER GARDENS, FL 34787

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: RAMONA PHIPPS

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date