## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 29, 2008 8:00 am Secretary of State 01-29-2008 90022 037 \*\*\*\*61.25

DOCUMENT # N9300001014  1. Entity Name THE LAKE PLACID MURAL SOCIETY, INC.				(SHI)			1-29-2008	90022 031	7 ****61.2	5
Principal Place of Business 8 NORTH OAK AVE LAKE PLACID, FL 33852 US PO BOX 336 LAKE PLACID, FL 33862 US				L US		400	12100			
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2. Principal Place of Business - No P.O. Box # 3. Mi			Mailing Address			I LEBUMEN BUE I	<b>LLLE</b> IIKU <b>LL</b> IK <b>(e</b> lik		((E)   <b>(1</b>     (   (   (   (   (   (   (   (   (	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222008	Chg-NP	CR2E(	37 (12/06)		
City & State		City & State			<del></del>	4. FEI Number 65-0393	532		<b>-</b>	oplied For ot Applicable
Zip	Country Zip		Country		у	5. Certificate o	f Status Desire	d 🔲	\$8.75 Add	ditional
	6. Name and Address of Current	Registered	Agent			7. Name and A	ddress of Nev	w Registered		
PORTER	HADDIET D				Name					
PORTER, HARRIET R. 159 DEANNA DRIVE LAKE PLACID, FL 33852				-5	Street Address (P.O. Box Number is Not Acceptable)					
					<del></del>					
					City			FI	_ ,	
8. The above the obligation	named entity submits this statement for ions of registered agent.	or the purpose	e of changing its re	egistered o	office or regis	stered agent, or both	, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applica	ole. (NOIF R	Secretary and An						
				riegistered ng	Jeni signature requ	ured when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Camp Trust Fund Cor	aign Fina	noing	\$5.00 May Be Added to Fees	F	Make chee	ck payable t	
10.	Due by May 1, 2008 OFFICERS AND DI	RECTORS	9. Election Camp Trust Fund Cor	aign Fina	noing	\$5.00 May Be	_	Make chee Iorida Depa	irtment of S	tate
TITLE	OFFICERS AND DI	RECTORS	9. Election Camp	paign Final entribution.	noing	\$5.00 May Be Added to Fees	_	Make chee Iorida Depa	irtment of S	tate
	Due by May 1, 2008 OFFICERS AND DI	RECTORS	9. Election Camp Trust Fund Cor	paign Final intribution.	noing	\$5.00 May Be Added to Fees	_	Make chee Iorida Depa	IRECTORS IN	tate
TITLE NAME	OFFICERS AND DI VP PORTER, ROBERT	RECTORS	9. Election Camp Trust Fund Cor	paign Final Intribution.  11.  TITLE  NAME	DODRESS	\$5.00 May Be Added to Fees	_	Make chee Iorida Depa	IRECTORS IN	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DI VP PORTER, ROBERT 159 DEANNA DRIVE LAKE PLACID, FL	RECTORS	9. Election Camp Trust Fund Cor	paign Final intribution.  11.  TITLE  NAME  STREET A	DODRESS	\$5.00 May Be Added to Fees	_	Make chee Iorida Depa	IRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI VP PORTER, ROBERT 159 DEANNA DRIVE LAKE PLACID, FL T DRAPER, SHARON	RECTORS	9. Election Camp Trust Fund Cor  Delete  Delete	paign Final intribution.  11.  TITLE NAME STREET AI CITY-ST- TITLE NAME	DDRESSZIP	\$5.00 May Be Added to Fees	_	Make chee Iorida Depa	IRECTORS IN Change	tate 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI VP PORTER, ROBERT 159 DEANNA DRIVE LAKE PLACID, FL T DRAPER, SHARON 99 COLE DANLEY DRIVE	RECTORS	9. Election Camp Trust Fund Cor  Delete  Delete	Daign Final Intribution.  11.  TITLE NAME STREET AL CITY-ST-	DDRESS DDRESS	\$5.00 May Be Added to Fees	_	Make chee Iorida Depa	IRECTORS IN Change	tate 10 Addition
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I nereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: \_