

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006439

1. Entity Name

LAKE PLACID ACADEMIC BOOSTERS, INC.



Principal Place of Business

P O BOX 1154
LAKE PLACID, FL 33862

Mailing Address

P O BOX 1154
LAKE PLACID, FL 33862



03112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0730462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$6.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN HAILE, P.A.
119 US 27 SOUTH
LAKE PLACID, FL 33852

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IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME VELEY, LINDA
STREET ADDRESS 331 LAKE MIRROR DR
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE D
NAME PRESTON, PATRICIA
STREET ADDRESS 1065 JOHN PEARCE GRADE
CITY-ST-ZIP VENUS, FL 33960

TITLE D
NAME JERNIGAN, DABRAH
STREET ADDRESS 225 CLOVERLEAF RD
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000549772
05/12/06-80078-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Daph Jernigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-06

Date

863-382-2067

Daytime Phone #