

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006439

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: LAKE PLACID ACADEMIC BOOSTERS, INC.

## Current Principal Place of Business:

P O BOX 1154  
LAKE PLACID, FL 33862

## New Principal Place of Business:

220 DAL HALL BLVD.  
LAKE PLACID, FL 33862

## Current Mailing Address:

P O BOX 1154  
LAKE PLACID, FL 33862

## New Mailing Address:

FEI Number: 65-0730462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

JOHN HAILE, P.A.  
220 DAL HALL BLVD.  
LAKE PLACID, FL 33852 US

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:

04/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VELEY, LINDA  
Address: 331 LAKE MIRROR DR  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: PRESTON, PATRICIA  
Address: 1065 JOHN PEARCE GRADE  
City-St-Zip: VENUS, FL 33960

Title: D (X) Delete  
Name: JERNIGAN, DARAH  
Address: 225 CLOVERLEAF RD  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JERNIGAN, DARAH  
Address: 225 CLOVERLEAF ROAD  
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: DARAH JERNIGAN

DIRE

04/21/2009

Electronic Signature of Signing Officer or Director

Date