

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002800

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: LAKE WORTH WEST RESIDENT PLANNING GROUP, INC.

**Current Principal Place of Business:**

4730 MAINE STREET  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

4730 MAINE STREET  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 65-0838753      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOFTEN, W. RAYMOND  
4730 MAINE STREET  
LAKE WORTH, FL 33461      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: T      ( ) Delete  
Name: ROSE, RAE  
Address: 4419 IXORA CIRCLE  
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D      ( ) Delete  
Name: IRIS, BOYD J  
Address: 4820 VERMONT AVENUE  
City-St-Zip: LAKE WORTH, FL 33461 US

Title: S      ( ) Delete  
Name: FRAZIER, DONNA JEAN  
Address: 509 URGUHART ST  
City-St-Zip: LAKE WORTH, FL 33461 US

Title: VP      ( ) Delete  
Name: CHUTE, HEATH  
Address: POB 6321  
City-St-Zip: LAKE WORTH, FL 33466 US

Title: P      ( ) Delete  
Name: LOFTEN, W. RAYMOND  
Address: P.O. BOX 5870  
City-St-Zip: LAKE WORTH, FL 33466 US

Title: ED      ( ) Delete  
Name: CLINTON, CAROL  
Address: 21346 GREEN HILL LANE  
City-St-Zip: BOCA RATON, FL 33428 US

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

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

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: W. RAYMOND LOFTEN

P

02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date