

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
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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