

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90044 006 \*\*\*\*61.25

DOCUMENT # N98000003547

1. Corporation Name

LAKE PLACID CONFERENCE CENTER, INC.

Principal Place of Business

2665 PLACID VIEW DRIVE  
LAKE PLACID FL 33852

Mailing Address

2665 PLACID VIEW DRIVE  
LAKE PLACID FL 33852



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1998	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3488565	
2 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
4 25		29 30			

9. Name and Address of Current Registered Agent

GOODRICH, MERLE J  
2665 PLACID VIEW DRIVE  
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P BYRON SCHORTINGHOUSE
STREET ADDRESS		1.3 STREET ADDRESS	5648 W. ATLANTIC BLVD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	S CHARLES WEST
STREET ADDRESS		2.3 STREET ADDRESS	3100 BAILEY LANE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NAPLES, FL 34105
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	T WARREN WHITING
STREET ADDRESS		3.3 STREET ADDRESS	3031 S.W. 21 ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	M MERLE J. GOODRICH
STREET ADDRESS		4.3 STREET ADDRESS	2665 PLACID VIEW DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKE PLACID, FL 33852-5974
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Merle J. Goodrich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

Date

941-465-2197

Daytime Phone #

CR2E037 (5/99)