

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003547

**FILED**  
**Jan 16, 2004**  
**Secretary of State****Entity Name:** LAKE PLACID CONFERENCE CENTER, INC.**Current Principal Place of Business:**2665 PLACID VIEW DRIVE  
LAKE PLACID, FL 33852**New Principal Place of Business:****Current Mailing Address:**2665 PLACID VIEW DRIVE  
LAKE PLACID, FL 33852**New Mailing Address:****FEI Number:** 59-3488565**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GOODRICH, MERLE J  
2665 PLACID VIEW DRIVE  
LAKE PLACID, FL 33852 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: PD ( ) Delete  
Name: SCHORTINGHOUSE, BYRON  
Address: 22 LAWRENCE LAKES DR  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TD ( ) Delete  
Name: WHITING, WARREN  
Address: 3031 SW 21 ST  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MD ( ) Delete  
Name: GOODRICH, MERLE J  
Address: 2665 PLACID VIEW DR  
City-St-Zip: LAKE PLACID, FL 338525974

Title: SD ( ) Delete  
Name: GARDNER, GLEN  
Address: 1616 59TH ST W  
City-St-Zip: BRADENTON, FL 34209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHORTINGHOUSE, BYRON  
Address: 22 LAWRENCE LAKES DR  
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: TD (X) Change ( ) Addition  
Name: WHITING, WARREN  
Address: 3031 SW 21 ST  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MD (X) Change ( ) Addition  
Name: GOODRICH, MERLE J  
Address: 2665 PLACID VIEW DR  
City-St-Zip: LAKE PLACID, FL 338525974 US

Title: SD (X) Change ( ) Addition  
Name: GARDNER, GLEN  
Address: 1616 59TH ST W  
City-St-Zip: BRADENTON, FL 34209 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MERLE J. GOODRICH

MD

01/16/2004

Electronic Signature of Signing Officer or Director

Date