

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003547

FILED
Jan 11, 2005
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 ()

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 US

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

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

Title: SD () Delete
Name: GARDNER, GLEN
Address: 1616 59TH ST W
City-St-Zip: BRADENTON, FL 34209 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: SD (X) Change () Addition
Name: SPEAR, JAMES W
Address: 24800 S.W. 134TH AVE
City-St-Zip: HOMESTEAD, FL 330924311 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

01/11/2005

Electronic Signature of Signing Officer or Director

Date