2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003547

FILED Jan 10, 2006 Secretary of State

Entity Name: LAKE PLACID CONFERENCE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

2665 PLACID VIEW DRIVE LAKE PLACID, FL 33852

Current Mailing Address: New Mailing Address:

2665 PLACID VIEW DRIVE LAKE PLACID, FL 33852

FEI Number: 59-3488565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

Name:SCHORTINGHOUSE, BYRONName:NIXON, DAVIDAddress:22 LAWRENCE LAKES DRAddress:2680 PLACID VIEW DRIVE

Address: 22 LAWRENCE LAKES DR Address: 2680 PLACID VIEW DRIVE City-St-Zip: BOYNTON BEACH, FL 33426 US City-St-Zip: LAKE PLACID, FL 33852 US

Title: TD () Delete Title: () Change () Addition

 Name:
 WHITING, WARREN
 Name:

 Address:
 3031 SW 21 ST
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33312 US
 City-St-Zip:

Title: MD () Delete Title: MD (X) Change () Addition

 Name:
 GOODRICH, MERLE J
 Name:
 GOODRICH, MERLE J

 Address:
 2665 PLACID VIEW DR
 Address:
 2671 PLACID VIEW DRIVE

 City-St-Zip:
 LAKE PLACID, FL 338525974 US
 City-St-Zip:
 LAKE PLACID, FL 338525974 US

Title: SD () Delete Title: () Change () Addition

 Name:
 SPEAR, JAMES W
 Name:

 Address:
 24800 S.W. 134TH AVE
 Address:

 City-St-Zip:
 HOMESTEAD, FL 330924311 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MERLE J GOODRICH DIR 01/10/2006