

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 01, 2006**  
**Secretary of State**

DOCUMENT# N98000003547

**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:**2665 PLACID VIEW DRIVE  
LAKE PLACID, FL 33852 US**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:**ANTHONY, HANEY S  
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: ANTHONY S. HANEY

05/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NIXON, DAVID  
Address: 2680 PLACID VIEW DRIVE  
City-St-Zip: LAKE PLACID, FL 33852 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: 2671 PLACID VIEW DRIVE  
City-St-Zip: LAKE PLACID, FL 338525974 US

Title: SD ( ) Delete  
Name: SPEAR, JAMES W  
Address: 24800 S.W. 134TH AVE  
City-St-Zip: HOMESTEAD, FL 330924311 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MD (X) Change ( ) Addition  
Name: HANEY, ANTHONY S  
Address: 2671 PLACID VIEW DRIVE  
City-St-Zip: LAKE PLACID, FL 338525974 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ANTHONY S. HANEY

MD

05/01/2006

Electronic Signature of Signing Officer or Director

Date