

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007205

FILED
Apr 06, 2005
Secretary of State

Entity Name: LAKE PLACID BAND BOOSTERS, INC.

Current Principal Place of Business:

202 GREEN DRAGON DRIVE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

114 MCKINLEY AVE. NE
LAKE PLACID, FL 33852

New Mailing Address:

114 MCKINLEY AVE.
LAKE PLACID, FL 33852

FEI Number: 65-0938340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLURE, JOHN K
230 SOUTH COMMERCE AVE.
SEBRING, FL 33870 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: CABALO, ROY
Address: 3041 LAKE JUNE BLVD.
City-St-Zip: LAKE PLACID, FL 33852

Title: VPD (X) Delete
Name: WOOD, MICHAEL
Address: 67 WILLIAMS
City-St-Zip: LAKE PLACID, FL 33852

Title: TD () Delete
Name: NORRIS, SUSAN
Address: 114 MCKINLEY AVE NE
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: WOLFE, MARY
Address: 131 SUNSET POINTE BLVD.
City-St-Zip: LAKE PLACID, FL 33852

Title: WM () Delete
Name: BREWINTON, MICHELLE
Address: 1248 LAKE CLAY DR.
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRILLWITZ, MARK
Address: 160 PENDARVIS RD
City-St-Zip: LAKE PLACID, FL 33852

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

Title: TD (X) Change () Addition
Name: NORRIS, SUSAN
Address: 114 MCKINLEY AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: S (X) Change () Addition
Name: REED, KATHY
Address: 457 GRAHAM DAIRY RD
City-St-Zip: VENUS, FL 33960

Title: WM (X) Change () Addition
Name: BREWINTON, MICHELLE
Address: 1150 CATFISH CREEK RD
City-St-Zip: LAKE PLACID, FL 33852

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: SUSAN NORRIS

TD

04/06/2005

Electronic Signature of Signing Officer or Director

Date