

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007205

FILED
Mar 23, 2008
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:

PO BOX 1444
LAKE PLACID, FL 33862

New Mailing Address:

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: CHAPUT, JOHN
Address: 3254 FORREST VIEW AVE.
City-St-Zip: LAKE PLACID, FL 33852

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

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

Title: VP () Delete
Name: BOHLEN, ROBYN
Address: PO BOX 1444
City-St-Zip: LAKE PLACID, FL 33862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: CHAPUT, CYNDI
Address: 3254 FORREST VIEW AVE
City-St-Zip: LAKE PLACID, FL 33852

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

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN C NORRIS

TD

03/23/2008

Electronic Signature of Signing Officer or Director

Date