

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007205

FILED  
Jun 24, 2009  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

MCCLURE, JOHN K  
211 S RIDGEWOOD DR  
SEBRING, FL 33870      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: VICKI LEPREE

06/24/2009

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

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: TD      (X) Change ( ) Addition  
Name: LE PREE, VICKI  
Address: 3140 DELAFIELD AVE  
City-St-Zip: LAKE PLACID, FL 33852

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

Title: S      (X) Change ( ) Addition  
Name: BOHLEN, ROBYN  
Address: 37 TWIN LAKES RD  
City-St-Zip: LAKE PLACID, FL 33862

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: VICKI LE PREE

TD

06/24/2009

Electronic Signature of Signing Officer or Director

Date