

Robin Carnahan Secretary of State
2005 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 200521753206
N00035139
Date Filed: 08/01/2005
Robin Carnahan
Secretary of State

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 08/31/2005

ORGANIZED UNDER THE LAWS OF:
Missouri

N00035139
WOODLAND LAKES TRUSTEESHIP, INC.
KARINN JOZWIAK
12 WOODLAND LAKES
SULLIVAN, MO 63080

PRINCIPAL PLACE OF BUSINESS OR
CORPORATE HEADQUARTERS: *

1 12 woodland lakes
STREET

Sullivan mo. 63080
CITY/STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW
REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT
ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW.

PRES Carol Eggleston
STREET/RT 65 Woodland Lakes
CITY/STATE/ZIP Sullivan, MO 63080
V-PRES John Klags
STREET/RT Rt 1 Box 79
CITY/STATE/ZIP Kane IL. 62054
SEC'Y Robert Murphy
STREET/RT 3484 Egan Ave
CITY/STATE/ZIP St. Louis MO 63044
TREAS Patti Tracy
STREET/RT 59 Woodland Lakes
CITY/STATE/ZIP Sullivan, MO 63080

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS *

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT
ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW.

NAME Carol Eggleston
STREET/RT 65 Woodland Lakes
CITY/STATE/ZIP Sullivan MO 63080
NAME John Klags
STREET/RT Rt 1 Box 79
CITY/STATE/ZIP Kane IL. 62054
NAME Robert Murphy
STREET/RT 3484 Egan Ave
CITY/STATE/ZIP St. Louis MO 63044
NAME Patti Tracy
STREET/RT 59 Woodland Lakes
CITY/STATE/ZIP Sullivan MO 63080

The undersigned understands that false statements made in this report are punishable for the crime of making a false
declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

Please print name and title of signer:

NAME

TITLE

REGISTRATION REPORT FEE IS:

☒ \$15.00 If filed on or before 8/31
☐ \$20.00 If filed after 8/31

State of Missouri
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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE,
BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL
INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL)



T0521617579

PLETE OR THE REGISTRATION REPORT WILL BE REJECTED

AYABLE TO DIRECTOR OF REVENUE

ENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102