

Robin Carnahan Secretary of State
2009 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 200923792076

N00035139

Date Filed: 08/25/2009

Robin Carnahan

Secretary of State

REPORT DUE BY: 08/31/2009

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:

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 Lawrence Deis

STREET/RT 43 Woodland Lakes

CITY/STATE/ZIP Sullivan, MO 63080

V-PRES Steven Maness

STREET/RT 111 West Loretta

CITY/STATE/ZIP Lemay, MO 63125

SECY Mary Tisi

STREET/RT 56 Woodland Lakes

CITY/STATE/ZIP Sullivan, MO 63080

TREAS

STREET/RT

CITY/STATE/ZIP

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 Francis Darian

STREET/RT 8 Woodland Lakes

CITY/STATE/ZIP Sullivan, MO 63080

NAME David Henthorn

STREET/RT 4653 Country Lane Apt. B

CITY/STATE/ZIP St. Ann, MO 63074

NAME Robert Lee Hovis

STREET/RT 18 Woodland Lakes

CITY/STATE/ZIP Sullivan, MO 63080

NAME

STREET/RT

CITY/STATE/ZIP

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

Karinn Jozwiak

(Required)

Please print name and title of signer:

Karinn Jozwiak

/

registered agent

NAME

TITLE

REGISTRATION REPORT FEE IS:

\$10.00 If filed on or before 8/31

\$15.00 If filed after 8/31

Corporation will be administratively dissolved if report is not
filed by November 30th.

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)

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102