Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
FAX: (503) 378-4381
sos.oregon.gov/business

2025 ANNUAL REPORT

Registry Number: 128269297
Date of Incorporation: 1/12/2017
Fee: $50
Due Date: 1/12/2025
Type: DOMESTIC NONPROFIT CORPORATION

0116
LAKEVIEW FFA ALUMNI
15562 WESTSIDE RD
LAKEVIEW OR 97630

FILED: JAN 17, 2025
OREGON SECRETARY OF STATE

128269297-27251693

LAKEVIEW FFA ALUMNI **RENANA**

Name of Domestic Nonprofit Corporation
LAKEVIEW FFA ALUMNI
Jurisdiction: OREGON
Non-Profit Type: PUBLIC BENEFIT WITH MEMBERS

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent
LEIGH ANN EVANS
15562 WESTSIDE RD
LAKEVIEW, OR 97630

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) Type of Business TO COOPERATE WITH THE LAKEVIEW FFA CHAPTER, THE OREGON FFA ALUMNI ASSOCIATION...

2) Principal Place of Business (Address,city,state,zip)
15562 WESTSIDE RD
LAKEVIEW, OR 97630

3) Mailing Address (Address,city,state,zip)
15562 WESTSIDE RD
LAKEVIEW, OR 97630

4) President (Name & Address)
ANNEKE GRIFFITH
100 BIRCH ST
LAKEVIEW, OR 97630

5) Secretary (Name & Address)
LEIGH ANN EVANS
15562 WESTSIDE RD
LAKEVIEW, OR 97630

Execution: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) Signature Leigh Ann Evans **7) Printed Name** Leigh Ann Evans

8) Date 1/6/25 **9) Phone Number** 541-891-9792

Make check payable to "Corporation Division" and mail completed form with payment to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.