



**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90395 036 ****61.25

DOCUMENT # 727358					
1. Entity Name BOYS & GIRLS CLUBS OF LAKE & SUMTER COUNTIES, INC.					
Principal Place of Business 400 EXECUTIVE BLVD LEESBURG FL 34748			Mailing Address P.O. BOX 491527 LEESBURG FL 34749-1527		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1524504	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORK, BETH H 400 EXEC. BLVD LEESBURG FL 34748			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKMON, CHET		NAME	BRIAN BROOKS	
STREET ADDRESS	311 W MAGNOLIA		STREET ADDRESS	618 YORKTOWN DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKNER, GENE		NAME	PHILLIP BRAUN	
STREET ADDRESS	P.O. BOX 491468		STREET ADDRESS	P.O. BOX 492256, LEESBURG, FL 34749	
CITY-ST-ZIP	LEESBURG FL 34749		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, AMY		NAME	KRISTEN BARTCH	
STREET ADDRESS	807 WASHINGTON AVE		STREET ADDRESS	1607 HILLTOP DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEEKLEY, LINDA		NAME	ROBERT TICE	
STREET ADDRESS	P O BOX 628096		STREET ADDRESS	1405 ARREDONDO DRIVE	
CITY-ST-ZIP	ORLANDO FL 32897		CITY-ST-ZIP	THE VILLAGES, FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRETE DEL, LOUIS		NAME	THOMAS BROOKS	
STREET ADDRESS	2701 DE LA ROSA ST		STREET ADDRESS	206 N. 3rd. STREET	
CITY-ST-ZIP	THE VILLAGES FL 32159		CITY-ST-ZIP	LEESBURG, FL. 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, BRUCE REV		NAME		
STREET ADDRESS	33741 S HAINES CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			BETH H. WORK, EXECUTIVE DIRECTOR		352-781-0053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/3/04		Daytime Phone #