


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 727358
 1. Entity Name
BOYS & GIRLS CLUBS OF LAKE & SUMTER COUNTIES, INC.



Principal Place of Business Mailing Address
400 EXECUTIVE BLVD LEESBURG FL 34748 **400 EXECUTIVE BLVD LEESBURG FL 34748**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number **59-1524504** Applied For Not Applied
 5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROOKS, BRIAN	
STREET ADDRESS	618 YORKTOWN DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRAUN, PHILLIP	
STREET ADDRESS	P.O. BOX 492256	
CITY-ST-ZIP	LEESBURG FL 34749	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOOD, CHRIS	
STREET ADDRESS	503 LAKESHORE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEDERSON, MIKE	
STREET ADDRESS	2617 LEGEND COURT	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARTCH, KRISTEN	
STREET ADDRESS	1607 HILLTOP DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	S	<input type="checkbox"/> Delete
NAME	HORN, RACHEL	
STREET ADDRESS	1410N S 9TH STREET	
CITY-ST-ZIP	LEESBURG FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
U00000491625 04/19/06-80033-012 61.25	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *[Signature]* Chief Professional Officer 3-27-06 352-787-005