


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90199 012 ****61.25

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



Principal Place of Business Mailing Address
400 EXECUTIVE BLVD **P.O. BOX 491527**
LEESBURG FL 34748 **LEESBURG FL 34749-1527**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1524504** Applied For
Not Applicable
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 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 | D <input checked="" type="checkbox"/> Delete |
| NAME | KNOWLES, DAVID |
| STREET ADDRESS | 1405 S. 14TH ST. |
| CITY-ST-ZIP | LEESBURG FL 34749 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | WORK, BETH H |
| STREET ADDRESS | P O BOX 491527 |
| CITY-ST-ZIP | LEESBURG FL 34748 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | WEBER, BRADLEY L |
| STREET ADDRESS | P O BOX 490047 |
| CITY-ST-ZIP | LEESBURG FL 34749 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | WEEKLEY, LINDA |
| STREET ADDRESS | P O BOX 628096 |
| CITY-ST-ZIP | ORLANDO FL 32897 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | STRONG, SCOTT |
| STREET ADDRESS | 306 S. 6TH ST. |
| CITY-ST-ZIP | LEESBURG FL 34749 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | SIMMONS, DEAN |
| STREET ADDRESS | P O BOX 490480 |
| CITY-ST-ZIP | LEESBURG FL 34748 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | Chet Blackmon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 311 W. Magnolia |
| STREET ADDRESS | Leesburg, FL 34748 |
| CITY-ST-ZIP | |
| TITLE | Gene Buckner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | P. O. Box 491468 |
| STREET ADDRESS | Leesburg, FL 34749 |
| CITY-ST-ZIP | |
| TITLE | Amy Cox <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 807 Washington Ave |
| STREET ADDRESS | Leesburg, FL 34748 |
| CITY-ST-ZIP | |
| TITLE | Louis Del Prete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 2701 De La Rosa St |
| STREET ADDRESS | The Villages, FL 32159 |
| CITY-ST-ZIP | |
| TITLE | Rev Bruce Hamilton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 33741 S. Haines Creek Rd |
| STREET ADDRESS | 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 Work **REQUIRED** 01/10/03 352-787-0053
Beth Work, Executive Director

CR2E037 (10/02)