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FILED

Mar 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747609 (6)

1. Corporation Name

LAKE JEM VOLUNTEERS, INC.

Principal Place of Business

Mailing Address

28638 TAMMI DRIVE 16024 CR 448
TAVARES FL 32778 LAKE JEM, FL
3274528638 TAMMI DRIVE
TAVARES FL 32778-94713. Date Incorporated or Qualified
06/13/19793a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 16024 CR 448

26 28638 Tammi Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LAKE JEM, FL

27 TAVARES FL

City & State

City & State

23 32745

28 TAVARES FL

Zip

Zip

Country

Country

24 LAKE

29 32778 30 LAKE

4. FEI Number
59-2008027Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGE, JANE B.
28638 TAMMI DRIVE
TAVARES FL 32778

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, MARGUERITE J	
STREET ADDRESS	28009 LOIS DRIVE	
CITY-ST-ZIP	TAVARES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HIXON, JIMMIE J	
STREET ADDRESS	28638 TAMMI DRIVE	
CITY-ST-ZIP	TAVARES FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HODGE, JANE B.	
STREET ADDRESS	28638 TAMMI DRIVE	
CITY-ST-ZIP	TAVARES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	BLANKENBERG, FRANCES M.
1.3 STREET ADDRESS	28011 LOIS DR.
1.4 CITY-ST-ZIP	TAVARES, FL 32778
2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	SD SHAMROCK, HELEN
2.3 STREET ADDRESS	27613 LOIS DR
2.4 CITY-ST-ZIP	TAVARES, FL 32778
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JANE B. HODGE REQUIRED JANE B. HODGE 1/31/97 343-8513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
V-P & Treasurer Date Daytime Phone # 0014863

CR2E037 (9/96)