

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/15
7/28

FILED
Aug 09, 2004 8:00 am
Secretary of State

07-28-2004 90015 027 ****61.25
03-15-2004 90034 007 ****61.25

DOCUMENT # N03000008539 1. Entity Name LSCAC, INC.					
Principal Place of Business 601 SOUTH NINTH STREET LEESBURG, FL 34748				Mailing Address 601 SOUTH NINTH STREET LEESBURG, FL 34748	
2. Principal Place of Business Suite, Apt. #, etc.:		3. Mailing Address Suite, Apt. #, etc.:			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number Applied For					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RICHEY, STEVEN J ESQ. 601 SOUTH NINTH STREET 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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGILVIE OGILVIE, MAGDELINE POST OFFICE BOX 1070 LADY LAKE, FL 321581070 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Magdelaine Ogilvie</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7-22-04 322-753-2289 Date Daytime Phone		