

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90022 010 ****61.25

DOCUMENT # N04000002607					
1. Entity Name LAKE TECHNICAL CENTER, INC.					
Principal Place of Business 2001 KURT ST. EUSTIS, FL 32726		Mailing Address 2001 KURT ST. EUSTIS, FL 32726			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0940772	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, TERRY E 2001 KURT ST. EUSTIS, FL 32726			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>					
Filing Fee is \$61.25 Due by May 1, 2005		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 type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BAUM, PHYLLIS	NAME	Baxter, Joe		
STREET ADDRESS	P.O. BOX 101	STREET ADDRESS	8826 Lakeshore Drive		
CITY-ST-ZIP	WEIRSDALE, FL 32195	CITY-ST-ZIP	Yalaha, FL 34797		
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JUDGE, JAMES	NAME	Miller, Terry E.		
STREET ADDRESS	2761 WEST OLD HWY. 441	STREET ADDRESS	18903 Highway 19N		
CITY-ST-ZIP	MOUNT DORA, FL 32757	CITY-ST-ZIP	Groveland, FL 34736		
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEAS, ISAAC..II	NAME			
STREET ADDRESS	207 BRYAN ST.	STREET ADDRESS			
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNNINGHAM, ROBERT JR.	NAME			
STREET ADDRESS	1103 OVERLOOK DR.	STREET ADDRESS			
CITY-ST-ZIP	MOUNT DORA, FL 32757	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAULDIN, MICKEY	NAME			
STREET ADDRESS	13220 SUGERBLUFF RD.	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOGGINS, RANDALL	NAME			
STREET ADDRESS	1300 N. DONNELLY ST.	STREET ADDRESS			
CITY-ST-ZIP	MOUNT DORA, FL 32757	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: 		1/4/05		352-589-2250	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40000037



01042005 Chg-NP CR2E037 (10/03)