

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007925

FILED
Aug 13, 2008
Secretary of State

Entity Name: SAFE CLIMATE COALITION OF LAKE COUNTY, INC.

Current Principal Place of Business:

1565 LANE PARK CUTOFF
ROOM 302C
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

P O BOX 64
YALAHA, FL 34797

New Mailing Address:

FEI Number: 11-3762675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MACINTYRE, DEBORAH R
1565 LANE PARK CUTOFF
ROOM 302C
TAVARES, FL 32778 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACINTYRE, DEBORAH R DIR
Address: 1565 LANE PARK CUTOFF #302C
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Delete
Name: HALTER, WENDA W SEC
Address: 15600 SILVER EAGLE RD
City-St-Zip: GROVELAND, FL 34736

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Delete
Name: SMITH, CYNDRA S CHAIR
Address: 414 S. SALEM ST
City-St-Zip: EUSTIS, FL 32726

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Delete
Name: WORK, BETH VICE CH
Address: 400 EXECUTIVE BLVD
City-St-Zip: LEESBURG, FL 34748

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Delete
Name: HUMPfrey, LORI TREAS
Address: 512 S. PALM AVE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH MACINTYRE

DIR

08/13/2008

Electronic Signature of Signing Officer or Director

_____ Date