

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007925

FILED  
Feb 06, 2009  
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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

D

02/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date