

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2009  
Secretary of State**

DOCUMENT# N07000000296

Entity Name: LAKE CITY EXPOSURE FOUNDATION, INC

**Current Principal Place of Business:**

360 NE BASCOM NORRIS DRIVE  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

360 NE BASCOM NORRIS DRIVE  
LAKE CITY, FL 32055

**New Mailing Address:**

FEI Number: 20-8261629      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FARMER, ADEE R  
360 NE BASCOM NORRIS DRIVE  
LAKE CITY, FL 32055      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: P      ( ) Delete  
Name: FARMER, ADEE R  
Address: 360 NE BASCOM NORRIS DR  
City-St-Zip: LAKE CITY, FL 32055

Title: VP      ( ) Delete  
Name: JERNIGAN, TIMMY  
Address: 2696 COUNTRY CLUB RD  
City-St-Zip: LAKE CITY, FL 32055

Title: SEC      ( ) Delete  
Name: BLACK, TARA  
Address: 166 SW HANCOCK COURT  
City-St-Zip: LAKE CITY, FL 32024

**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:

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: ADEE R FARMER

P

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date