

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 AM 12:26

DOCUMENT # N11116

(3)

1. Corporation Name

LAKES EDUCATION/ACTION DRIVE, INC.

Principal Place of Business

Mailing Address

**%WILLIAM V. FENTON, JR.
41 LAKE MORTON DR.
LAKELAND FL 33801**

**%WILLIAM V. FENTON, JR.
41 LAKE MORTON DR.
LAKELAND FL 33801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1985

3a. Date of Last Report

04/04/1994

4. FEI Number

59-2741774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FENTON, WILLIAM V. JR.
41 LAKE MORTON DR.
LAKELAND FL 33801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD
NAME	HARBSMEIER, CURT
STREET ADDRESS	92 LAKEWIRE DRIVE
CITY - ST - ZIP	LAKELAND FL
TITLE	PD
NAME	TEDDER, JOSEPH G.
STREET ADDRESS	1005 S. FLORIDA AVENUE
CITY - ST - ZIP	LAKELAND FL
TITLE	PD
NAME	BRITT, MIKE
STREET ADDRESS	550 SW 7TH STREET
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	TD
NAME	HALL, EVA MARIE
STREET ADDRESS	811 E. MAIN STREET
CITY - ST - ZIP	LAKELAND FL
TITLE	SD
NAME	HAFFER, DAVID B.
STREET ADDRESS	1700 HWY 17 SOUTH
CITY - ST - ZIP	BARTOW FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	DELETE
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	HAFFER
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eva Marie Hall
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/4/95 *(818) 683-6783*
Date Daytime Phone #