2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 AM
Secretary of State

DOCUMENT# N11116

Entity Name: LAKES EDUCATION/ACTION DRIVE, INC.

Current Principal Place of Business:

1370 NORTH WILSON AVE
#505
BARTOW, FL 33830 US

New Principal Place of Business:

17 ENCLAVE DRIVE
WINTER HAVEN, FL 33884 US

Current Mailing Address:

P O BOX 7607
LAKELAND, FL 338077607 US

New Mailing Address:

FEI Number: 59-2741774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIMEL, KATHERINE J
1370 NORTH WILSON AVE, STE 505
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

OTHOSON, HOWARD PHD
17 ENCLAVE DRIVE
WINTER HAVEN, FL 33884 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: HOWARD OTHOSON 06/19/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: ENGLE, WALT
Address: 92 LAKE WIRE DR
City-St-Zip: LAKELAND, FL

Title: PD ( ) Delete
Name: HAFER, DAVID B
Address: 1700 HWY 17 SOUTH, STE 2
City-St-Zip: BARTOW, FL 33830

Title: TD ( ) Delete
Name: JENNINGS, THOMAS E.
Address: TWO EAST LAKE HOWARD DR
City-St-Zip: WINTER HAVEN, FL 338813153

Title: SD ( ) Delete
Name: MCCLELLAN, JOANNE
Address: 170 CENTURY BLVD
City-St-Zip: BARTOW, FL 33830

Title: ED ( ) Delete
Name: HIMEL, KATHERINE J
Address: 1370 NORTH WILSON AVENUE, #505
City-St-Zip: BARTOW, FL 33830

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: ED (X) Change ( ) Addition
Name: OTHOSON, HOWARD
Address: 17 ENCLAVE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOWARD OTHOSON ED 06/19/2002
Electronic Signature of Signing Officer or Director Date