02-09-2005 90062 020 ****61.25
N11116

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N11116

1. Entity Name
LAKES EDUCATION/ACTION DRIVE, INC.

FILED
05 JUN 28 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66004025

Principal Place of Business	Mailing Address
2 EAST LAKE HOWARD DRIVE WINTER HAVEN, FL 33881 US	P O BOX 7607 LAKELAND, FL 33807-7607 US

01142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2741774
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JOHNNA
~~PO BOX 7607~~ 2 East Lake Howard Dr.
~~LAKELAND, FL 33807~~ Winter Haven, FL 33881

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REIGNER, WALT
STREET ADDRESS	PO BOX 5467
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	~~SD~~
NAME	~~HAFER, DAVID B~~
STREET ADDRESS	~~4798 HWY 17 SOUTH, STE 9~~
CITY-ST-ZIP	~~BARTOW, FL 33830~~
TITLE	TD
NAME	JENNINGS, THOMAS E.
STREET ADDRESS	TWO EAST LAKE HOWARD DR
CITY-ST-ZIP	WINTER HAVEN, FL 338813153
TITLE	ED
NAME	MARTINEZ JOHNNA
STREET ADDRESS	PO BOX 7607
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	SD
NAME	OTHOSON, HOWARD R.
STREET ADDRESS	17 ENCLAVE DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Johnna M. Martinez Johnna M Martinez 2-8-05 863-221-5323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #