

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004189 1. Entity Name LAKE SUMTER CHILDREN'S ADVOCACY CENTER, INC.					
Principal Place of Business 220 NORTH ROCKINGHAM AVENUE TAVARES FL 32778 US			Mailing Address 220 NORTH ROCKINGHAM AVENUE TAVARES FL 32778 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 MOORE CR2E037 (11/03)	
4. FEI Number NO-T APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PISCZEK, DIANE L 10628 SUMMIT SQUARE DR LEESBURG FL 34788	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RICHEY, DONNA 1051 BOYELTON STREET LEESBURG FL 34748 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000062241 03/09/04-80021-022 61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FULLER, PEGGY 9317 FERNERY ROAD LEESBURG FL 34748 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KIRSTE, MEREDITH 610 E MAIN ST LEESBURG FL 34748 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEWITT, SARAH JANE 2829 PORTOBELLO AVENUE LEESBURG FL 34748 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WAHL, PETE 33426 LAKE BEND CIRCLE LEESBURG FL 34788 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOUIS, DIANE 592 E ROSEWOOD AVE TAVARES FL 32757 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Diane L. Pisczek</i> 3-3-04 352-343-6200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					