2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State
02-23-2005 90073 005 ****61.25

DOCUMENT # N97000004189

1. Entity Name

LAKE SUMTER CHILDREN'S ADVOCACY CENTER, INC.

Principal Place of Business	Mailing Address
220 NORTH ROCKINGHAM AVENUE TAVARES FL 32778 US	220 NORTH ROCKINGHAM AVENUE TAVARES FL 32778 US

50018196

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
300 S. Canal ST	300 S. Canal ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Leesburg, FL	City & State: Leesburg, FL
Zip: 34748 Country: Lake	Zip: 34748 Country: Lake

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	7. Name and Address of New Registered Agent
PISCZEK, DIANE L 10628 SUMMIT SQUARE DR LEESBURG FL 34788	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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
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)(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: Diane L. Piscek 2/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #