2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# N97000004189

Entity Name: LAKE SUMTER CHILDREN'S ADVOCACY CENTER, INC.

Current Principal Place of Business:

300 S. CANAL STREET
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

300 S. CANAL STREET
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PISCZEK, DIANE L
10628 SUMMIT SQUARE DR
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RICHEY, DONNA
Address: 1051 BOYELTON STREET
City-St-Zip: LEESBURG, FL 34748

Title: S ( ) Delete
Name: FULLER, PEGGY
Address: 9317 FERNERY ROAD
City-St-Zip: LEESBURG, FL 34748

Title: S ( ) Delete
Name: KIRSTE, MEREDITH
Address: 610 E MAIN ST
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete
Name: HEWITT, SARAH JANE
Address: 2829 PORTOBELLO AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: DV (X) Delete
Name: WAHL, PETE
Address: 33426 LAKE BEND CIRCLE
City-St-Zip: LEESBURG, FL 34788

Title: D (X) Delete
Name: LOUIS, DIANE
Address: 592 E ROSEWOOD AVE
City-St-Zip: TAVARES, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KIRSTE, MEREDITH
Address: 803 E. DIXIE AVE.
City-St-Zip: LEESBURG, FL 34748

Title: VP (X) Change ( ) Addition
Name: MCDOWELL, JILL
Address: 2756 LIVERY LANE
City-St-Zip: THE VILLAGES, FL 32162

Title: S (X) Change ( ) Addition
Name: PUDRY, SUE
Address: 550 W MAIN STREET
City-St-Zip: TAVARES, FL 32778

Title: T (X) Change ( ) Addition
Name: OGILIVE, ALEX III
Address: 1124 SE 180TH STREET
City-St-Zip: WEIRSDALE, FL 32195

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MEREDITH KIRSTE P 01/27/2006
Electronic Signature of Signing Officer or Director — Date