2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000004189

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

Principal Place of Business	Mailing Address
300 S. CANAL STREET LEESBURG, FL 34748 US	300 S. CANAL STREET LEESBURG, FL 34748 US

01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT 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

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KIRSTE, MEREDITH
STREET ADDRESS	803 E. DIXIE AVE.
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	VP
NAME	MCDOWELL, JILL
STREET ADDRESS	2756 LIVERY LANE
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	S
NAME	PUDRY, SUE
STREET ADDRESS	550 W MAIN STREET
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	T
NAME	OGILIVE, ALEX III
STREET ADDRESS	1124 SE 180TH STREET
CITY-ST-ZIP	WEIRSDALE, FL 32195
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/07-80029-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Meredith Kirste 1-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #