
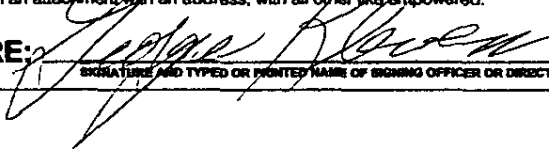


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90028 046 ****61.25

DOCUMENT # N97000004396			
1. Entity Name LAKE COUNTY VOITURE 400, INC.		Principal Place of Business C/O AMERICAN LEGION POST 35 920 S HIGHLAND ST MOUNT DORA, FL 32757	
2. Principal Place of Business - No P.O. Box # c/o American Legion Post 41 Suite, Apt. #, etc. 101 S. Bay St. City & State Eustis, Fl. Zip 32726		3. Mailing Address P.O. BOX 1393 EUSTIS, FL 32727 Suite, Apt. #, etc. P.O. Box 1393 Suite, Apt. #, etc. Eustis, Fl. Zip 32727-1393	
4. FEI Number 59-3062524		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHUTTLEWORTH, JACK 920 S HIGHLAND ST MOUNT DORA, FL 32757		7. Name and Address of New Registered Agent Name Shuttleworth, Jack Street Address (P.O. Box Number is Not Acceptable) 211 Dykes DR. Tavares, Fl. 32778 City Tavares FL Zip Code 32778	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SHUTTLEWORTH, JACK 920 S. HIGHLAND ST MT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shuttleworth, Jack 211 Dykes Dr. Tavares, Fl. 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, ARTHUR J 920 S. HIGHLAND ST MT DORA, FL 32757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kleven, George 19440 E. Fifth. St. Umatilla, Fl. 32784 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LALIBERTE, RAYMOND 920 S HIGHLAND ST MT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Laliberte, Raymond 11641 Ocklawha. Dr. # 10 Leesburg, Fl. 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 persons empowered.			
SIGNATURE: 		352-669-4933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		George Kleven, Director 3/26/2007	
		Date Daytime Phone #	