

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750806

Entity Name: LAKE-SUMTER STATE COLLEGE FOUNDATION, INC.**Current Principal Place of Business:**9501 US HWY 441
LEESBURG, FL 34788**Current Mailing Address:**9501 US HWY 441
LEESBURG, FL 34788**FEI Number:** 59-1990323**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOJOCK, CHARLES DR
1255 OLD EUSTIS ROAD
MOUNT DORA, FL 32757 US*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**Officer/Director Detail :**

Title	PPD
Name	HACKNEY, HARRY
Address	10115 SILVER BLUFF DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	VPD
Name	FURNAS, RENEE
Address	9712 MARK LANE
City-State-Zip:	LEESBURG FL 34788

Title	PE
Name	DAVIS, GEORGE
Address	1637 LAKE AVENUE
City-State-Zip:	CLERMONT FL 34711

Title	PD
Name	MCRAE, TIM
Address	2926 ALTA STREET
City-State-Zip:	LEESBURG FL 34748

Title	TR
Name	ANDREWS, MAC
Address	33640 OVERTON DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	VP
Name	FARFAGLIA, LORI
Address	403 HAMLET COURT
City-State-Zip:	FRUITLAND FL 34731

I hereby 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 all other like empowered.

SIGNATURE: TIM MCRAE**PRESIDENT****01/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date