## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002607

Entity Name: LAKE TECHNICAL COLLEGE, INC.

**Current Principal Place of Business:** 

2001 KURT ST. EUSTIS, FL 32726

**Current Mailing Address:** 

2001 KURT ST.

EUSTIS, FL 32726 US

FEI Number: 20-0940772 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STONE & GERKEN, P.A. 4850 N. HIGHWAY 19A 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

FILED Feb 04, 2021

**Secretary of State** 

1365303979CC

Officer/Director Detail:

TitleDIRECTORTitleDIRECTOR, CHAIRMANNameCOBB, FREDNameKEITH, RICHARDAddress51 E. NORTON STREETAddress2294 MARTINS RUNCity-State-Zip:EUSTIS FL 32726City-State-Zip:TAVARES FL 32778

Title DIRECTOR, VC Title DIRECTOR

Name DEAS, II, ISAAC DR. Name GAULDIN, MICKEY

Address 207 BRYAN ST. Address 13220 SUGERBLUFF RD.

City-State-Zip: EUSTIS FL 32726 City-State-Zip: CLERMONT FL 34711

Title DIRECTOR Title DIRECTOR

Name VOSSBERG, CARL A IV Name BEDA, JUDITH L

Address 15824 COUNTY ROAD 450 Address 12229 LANE PARK ROAD

City-State-Zip: UMATILLA FL 32784 City-State-Zip: TAVARES FL 32778

Title EXECUTIVE DIRECTOR, PRESIDENT Title DIRECTOR
Name CULPEPPER, DIANE W Name COBB, GERALD

Address 2001 KURT STREET Address 3151 BRIGHTON ROAD
City-State-Zip: EUSTIS FL 32726 City-State-Zip: EUSTIS FL 32726

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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: DIANE CULPEPPER EXECUTIVE DIRECTOR 02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name MORRIS, TIMOTHY Name STEELE, DAVID

Address 9605 SILVER LAKE DRIVE Address 34029 PARKVIEW AVENUE

City-State-Zip: LEESBURG FL 34788 City-State-Zip: EUSTIS FL 32726