

2020 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**Officer/Director Detail :**

Title	DIRECTOR
Name	COBB, FRED
Address	51 E. NORTON STREET
City-State-Zip:	EUSTIS FL 32726

Title	DIRECTOR, CHAIRMAN
Name	KEITH, RICHARD
Address	2294 MARTINS RUN
City-State-Zip:	TAVARES FL 32778

Title	DIRECTOR, VC
Name	DEAS, II, ISAAC DR.
Address	207 BRYAN ST.
City-State-Zip:	EUSTIS FL 32726

Title	DIRECTOR
Name	GAULDIN, MICKEY
Address	13220 SUGERBLUFF RD.
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	VOSSBERG, CARL A IV
Address	15824 COUNTY ROAD 450
City-State-Zip:	UMATILLA FL 32784

Title	DIRECTOR
Name	BEDA, JUDITH L
Address	12229 LANE PARK ROAD
City-State-Zip:	TAVARES FL 32778

Title	EXECUTIVE DIRECTOR, PRESIDENT
Name	CULPEPPER, DIANE W
Address	2001 KURT STREET
City-State-Zip:	EUSTIS FL 32726

Title	DIRECTOR
Name	COBB, GERALD
Address	3151 BRIGHTON ROAD
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****02/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MORRIS, TIMOTHY
Address 9605 SILVER LAKE DRIVE
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name STEELE, DAVID
Address 34029 PARKVIEW AVENUE
City-State-Zip: EUSTIS FL 32726