2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007925

Entity Name: SAFE CLIMATE COALITION OF LAKE COUNTY, INC.

FILED Mar 01, 2016 **Secretary of State** CC0876817519

Current Principal Place of Business:

525 GEORGIA AVE

HOWEY IN THE HILLS. FL 34737

Current Mailing Address:

P O BOX 64

YALAHA, FL 34797

FEI Number: 11-3762675 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MACINTYRE, DEBORAH R 525 GEORGIA AVE HOWEY IN THE HILLS, FL 34737 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:

City-State-Zip:

Address

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title VC Title CHAIRMAN

THOMPSON, B E GLASS, STEPHANIE Name Name 518 W ALFRED ST Address 1203 CHESTERFIELD CT Address City-State-Zip: TAVARES FL 32778 EUSTIS FL 32726 City-State-Zip:

Title **TRUSTEE** Title **SECRETARY**

VAN GELDER, DR STEVE Name SCARPELLI, PHIL Name Address 305 N YORK ST Address 131 WEST MAIN ST BUSHNELL FL 33513 City-State-Zip:

City-State-Zip: TAVARES FL 32778

Title TRUSTEE Title **TREASURER**

Name HOLDER, JACK Name ABOYTES, JOELLE ESQ.

Address 360 W. RUBY STREET Address 1300 S. DUNCAN DRIVE, BLDG D City-State-Zip: TAVARES FL 32778 TAVARES FL 32788

Title **TRUSTEE**

Title **TRUSTEE** Name FISCHER, KYLEEN

WOOD, NANCY E Name Address PO 491000

3001 SW COLLEGE ROAD BUILDING 20, ROOM 201 City-State-Zip: LEESBURG FL 34749

City-State-Zip: OCALA FL 34474

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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: DEBI MACINTYRE EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

03/01/2016 Date

Officer/Director Detail Continued:

Title TRUSTEE

Name WILLIAMS, FREDDY Address PO BOX 896179

City-State-Zip: LEESBURG FL 34788

Title EXECUTIVE DIRECTOR

Name MACINTYRE, DEBI

Address PO BOX 64

City-State-Zip: YALAHA FL 34797

Title TRUSTEE

Name ARGENTO, JAMES ESQ.

Address 550 WEST MAIN STREET

PO BOX 7800

City-State-Zip: TAVARES FL 32778