

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010459

Entity Name: LCACTION, INC.**Current Principal Place of Business:**1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751**Current Mailing Address:**1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751 US**FEI Number:** 27-4110735**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAVER, MATHEW D
1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751 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	PD
Name	STAVER, MATHEW D
Address	1053 MAITLAND CENTER COMMONS BLVD
City-State-Zip:	MAITLAND FL 32751

Title	SD
Name	STAVER, ANITA L
Address	1053 MAITLAND CENTER COMMONS BLVD
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	EDWARDS, DERYL
Address	1053 MAITLAND CENTER COMMONS BLVD
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	MCGUIRE, CANDY
Address	1053 MAITLAND CENTER COMMONS BLVD
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	ALLY, ARTHUR
Address	1053 MAITLAND CENTER COMMONS BLVD
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	PENNELL, DAN
Address	660 BEACHLAND BLVD, STE 204
City-State-Zip:	VERO BEACH FL 32963

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: MATHEW STAVER**PRESIDENT****04/11/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date