FILE NOW: FILING FEE IS $61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710325 (2)

1. Corporation Name
LAKE COMMUNITY ACTION AGENCY, INC.

Principal Place of Business	Mailing Address
501 N BAY ST EUSTIS FL 32726	501 N BAY ST EUSTIS FL 32726-3438

3. Date Incorporated or Qualified: 02/08/1966
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-1143962 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOWE, JAMES H.
501 N BAY ST
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	COLE, LESTER		1.2 NAME	SOLOMON, LEVI	
STREET ADDRESS	591 E. MINNEOLA AVE.		1.3 STREET ADDRESS	10101 CR 237	
CITY-ST-ZIP	CLERMONT FL		1.4 CITY-ST-ZIP	OXFORD, FL 34484	
TITLE	D	☑ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	NIX, RUTH		2.2 NAME	WHITE, GUY	
STREET ADDRESS	420 JACKSON ST		2.3 STREET ADDRESS	1341 8TH AVENUE, EAST, MT. DORA FL	
CITY-ST-ZIP	MOUNT DORA FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	RESNICK, ANNE		3.2 NAME	MANNING, GWENDOLYN	
STREET ADDRESS	31739 TROPICAL DRIVE		3.3 STREET ADDRESS	715 LIBERTY ST	
CITY-ST-ZIP	TAVARES FL		3.4 CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	V	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WESTON, MILTON		4.2 NAME		
STREET ADDRESS	200 DOUGLASS DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		4.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NELAMS, MARVINE		5.2 NAME		
STREET ADDRESS	715 W. MAIN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, VIVIAN		6.2 NAME		
STREET ADDRESS	P.O. BOX 176 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/29/97