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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
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DOCUMENT # **710325** (2)

1. Corporation Name

LAKE COMMUNITY ACTION AGENCY, INC.

Principal Place of Business

**501 N BAY ST
EUSTIS FL 32726**

Mailing Address

**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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PD
COLE, LESTER**
STREET ADDRESS **591 E. MINNEOLA AVE.**
CITY-ST-ZIP **CLERMONT FL**

12 NAME **D
SOLOMON, LEVI**
13 STREET ADDRESS **10101 CR 237**
14 CITY-ST-ZIP **OXFORD, FL 34484**

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D
NIX, RUTH**
STREET ADDRESS **420 JACKSON ST**
CITY-ST-ZIP **MOUNT DORA FL**

22 NAME **D
WHITE, GUY**
23 STREET ADDRESS **1341 8TH AVENUE, EAST, MT. DORA FL**
24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **S
RESNICK, ANNE**
STREET ADDRESS **31739 TROPICAL DRIVE**
CITY-ST-ZIP **TAVARES FL**

32 NAME **D
MANNING, GWENDOLYN**
33 STREET ADDRESS **715 LIBERTY ST**
34 CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **V
WESTON, MILTON**
STREET ADDRESS **200 DOUGLASS DRIVE**
CITY-ST-ZIP **EUSTIS FL**

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **T
NELAMS, MARVINE**
STREET ADDRESS **715 W. MAIN ST.**
CITY-ST-ZIP **LEESBURG FL**

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

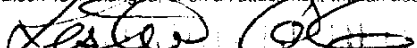
6.1 TITLE ☐ Change ☐ Addition

NAME **D
MITCHELL, VIVIAN**
STREET ADDRESS **P.O. BOX 176 N/A**
CITY-ST-ZIP **EUSTIS FL**

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:



11/29/97

CR2E037 (9/96)