2007 NGT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #710325



FILED Mar 14, 2007 8:00 am Secretary of State

LAKE COMMUNITY ACTION AGENCY, INC.								03-14-20	37 90023	044	01.23	
Principal Place of Business 501 NORTH BAY STREET 501 NORTH BAY STREET EUSTIS, FL 32726 Mailing Address 501 NORTH BAY STREET EUSTIS, FL 32726							! (GP)(() CDE:	1180 28160 11118 1289 1	191 815 11 818 21 418 1	1 818 11 81811 818	11199 B1 1381	
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				03072007	Chg-NP	CR2E03	7 (12/06)	
City & State				City & State				4. FEI Number 59-1143962				oplied For ot Applicable
			Zip					5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				d Agent		<u> </u>		7. Name and	Address of New	Registered A	gent	
LOWE, JAMES H 501 N BAY ST EUSTIS, FL 32726					Street Address (P.O. Box Number is Not Acceptable)							
						City	FL Zip Code					e
	e named entit tions of regis	ty submits this statement fo tered agent.	r the purp	ose of changing its	registere	ed office or	r register	ed agent, or both	n, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE			and title if one	.e.pen								
JIGHATONE	Signature, typed	d or printed name of registered agent.	and me ii app	olicable. (NOTE	: Registere	d Agent signatu	ure required	when reinstating)		DATE		
JUNATURE	Filing Fe	ne is \$61.25 May 1, 2007	and me ii app	9. Election Can Trust Fund C	npaign F	inancing	ure required	\$5.00 May Be Added to Fees	, ,	DATE Make check rida Depart		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report; or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: