



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # 710325 1. Entity Name LAKE COMMUNITY ACTION AGENCY, INC.	
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Principal Place of Business 501 NORTH BAY STREET EUSTIS, FL 32726	Mailing Address 501 NORTH BAY STREET EUSTIS, FL 32726
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1143962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

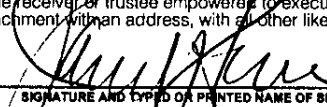
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000388949 04/22/08-80034-006 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPAR SHAW, SAMUEL P.O. BOX 1162 EUSTIS, FL 327271162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LYNUM, CATHERINE 300 DIXIE AVENUE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GAMBLE, SANDY 112 S LAKE AVE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS BRINSON, BERNICE 16924 MILLS STREET UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVERETT, DOROTHY F PH.D. 211 MIKE STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PARKS, NICIE A 1110 SOUTH STREET EUSTIS, FL 32726

**DO NOT WRITE
IN THIS SPACE**

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:  **1-14-2008** **352-357-3497**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #