

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710325

FILED
Feb 10, 2009
Secretary of State

Entity Name: LAKE COMMUNITY ACTION AGENCY, INC.

Current Principal Place of Business:

501 NORTH BAY STREET
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

501 NORTH BAY STREET
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 59-1143962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DPAR () Delete
Name: SHAW, SAMUEL
Address: P.O. BOX 1162
City-St-Zip: EUSTIS, FL 327271162

Title: TD () Delete
Name: LYNUM, CATHERINE
Address: 300 DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: DV () Delete
Name: GAMBLE, SANDY
Address: 112 S LAKE AVE
City-St-Zip: TAVARES, FL 32778

Title: DAS () Delete
Name: BRINSON, BERNICE
Address: 16924 MILLS STREET
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: EVERETT, DOROTHY F PH.D.
Address: 211 MIKE STREET
City-St-Zip: LEESBURG, FL 34748

Title: SD () Delete
Name: PARKS, NICIE A
Address: 1110 SOUTH STREET
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRENIER, ROBERT
Address: 681 WOODVIEW DRIVE
City-St-Zip: TAVARES, FL 32778

Title: DVP (X) Change () Addition
Name: BRINSON, BERNICE
Address: 16924 MILLS STREET
City-St-Zip: UMATILLA, FL 32784

Title: DP (X) Change () Addition
Name: EVERETT, DOROTHY F PH.D.
Address: 211 MIKE STREET
City-St-Zip: LEESBURG, FL 34748

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES H. LOWE

EX D

02/10/2009

Electronic Signature of Signing Officer or Director

Date