2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710325

1. Entity Name

LAKE COMMUNITY ACTION AGENCY, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90541 019 ****61.25

LAKE COMMUNITY ACTION AGENCY, INC.								
Principal Place of Business 501 NORTH BAY STREET EUSTIS FL 32726		Mailing Address 501 NORTH BAY STREET EUSTIS FL 32726						
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2. Principal Place of Business		3. Mailing Address				DIEN DIDI) DIDI) 18	j	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHEC	CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-11 .	4. FEI Number 59-1143962 Applied F			
Zip Country		Zip Country		5. Certificate of Status	5. Certificate of Status Desired \$8.75 Additional Fee Required		20.0	
	- 6. Name and Address of Currer	it Registered Agent		7. Name and Address	of New Registered Agent		<u>==</u> -	
			Name					
LOWE, JAMES H. 501 N BAY ST			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
EUSTIS F								
			City	City		Zip Code		
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or	registered agent, or both, in the S	tate of Florida. I am familia	ar with, and acc	cept	
,							ĺ	
SIGNATURE	Signature, typed or printed nathe of registered age	ent and title if applicable (NOTE	: Registered Agent signatu	re required when reinstating)	DATE		-	
	FILE NOW: FEE IS \$61.25	l l	paign Financing	\$5.00 May Be	Make Check Pag			
,	• '	Trust Fund Co	ontribution. t	Added to Fees	Florida Departmer	of State	Ì	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO			〓.	
TITLE	VPD	Delete	TITLE	VPD	X (Change 📋 Ad	Idition §	
NAME STREET ADDRESS	THOMPSON, DANIEL 1902 CHELSEY DRIVE		NAME STREET ADDRESS	ANNE RESNICK 31739 TROPICAL S	HORES DRIVE			
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP	TAVARESS FL 3277				
TITLE	TD	Delete	TITLE	TD	.Z.	Change	dition §	
NAME	NELAMS, MARVINE	^	NAME	CATHERINE LYNUM	<i>1</i> -			
STREET ADDRESS	715 W. MAIN STREET						i i	
CITY-ST-ZIP			STREET ADDRESS	300 DIXIE AVENUE	8			
TITLE	LEESBURG FL 34748		CITY_ST-ZIP	300 DIXIE AVENUE LEESBURG_FL_3474			Idition	
TITLE NAME	SD	☐ Delete	CITY_ST-ZIP TITLE	300 DIXIE AVENUE LEESBURG_FL_3474 POSALYN HARRIS		Change Z Ad		
TITLE NAME STREET ADDRESS		☐ Delete	CITY_ST-ZIP	300 DIXIE AVENUE LEESBURG FL 3474 D ROSALYN HARRIS 505 BLUEBERRY DR				
NAME	SD RAWLS, BESSIE	☐ Delete	CITY_ST-ZIP TITLE NAME	300 DIXIE AVENUE LEESBURG_FL_3474 POSALYN HARRIS			ddition	
NAME Street address	RAWLS, BESSIE 915 E. NORTH BLVD LEESBURG FL 34748 PD	☐ Delete	CITY_ST-ZIP TITLE NAME STREET ADDRESS	DOO DIXIE AVENUE LEESBURG FL 3474 ROSALYN HARRIS 505 BLUEBERRY DR EUSTIS FL 32726	IVE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD RAWLS, BESSIE 915 E. NORTH BLVD LEESBURG FL 34748 PD MANNING, GWENDOLYN		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	300 DIXIE AVENUE LEESBURG FL 3474 D ROSALYN HARRIS 505 BLUEBERRY DR	IVE	Change Z Ad		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD RAWLS, BESSIE 915 E. NORTH BLVD LEESBURG FL 34748 PD MANNING, GWENDOLYN 715 LIBERTY STREET		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DOOR DIXIE AVENUE LEESBURG FL 3474 ROSALYN HARRIS 505 BLUEBERRY DR EUSTIS FL 32726 TONY A. FIELDS	IVE	Change Z Ad		
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12. I 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 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 of 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 an other like empowered.

SIGNATURE:

UWWWED PROUBED

4/22/03 352-357-3497