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

**FILED**
**Apr 28, 2003 8:00 am**
**Secretary of State**
04-28-2003 90541 019 ****61.25

DOCUMENT # 710325

1. Entity Name
LAKE COMMUNITY ACTION AGENCY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 501 NORTH BAY STREET<br>EUSTIS FL 32726 | 501 NORTH BAY STREET<br>EUSTIS FL 32726 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-1143962 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>THOMPSON, DANIEL<br>1902 CHELSEY DRIVE<br>LEESBURG FL 34748 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>ANNE RESNICK<br>31739 TROPICAL SHORES DRIVE<br>TAVARES FL 32778 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>NELAMS, MARVINE<br>715 W. MAIN STREET<br>LEESBURG FL 34748 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CATHERINE LYNUM<br>300 DIXIE AVENUE<br>LEESBURG FL 34748 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>RAWLS, BESSIE<br>915 E. NORTH BLVD<br>LEESBURG FL 34748 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROSALYN HARRIS<br>505 BLUEBERRY DRIVE<br>EUSTIS FL 32726 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MANNING, GWENDOLYN<br>715 LIBERTY STREET<br>EUSTIS FL 32726 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TONY A. FIELDS<br>4218 CR 48<br>OKAHUMPKA FL 34762 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MANNING, GWENDOLYN<br>715 LIBERTY ST<br>EUSTIS FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MITCHELL, VIVIAN<br>P.O. BOX 176 N/A<br>EUSTIS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 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: [signature] REQUIRED 4/22/03 352-357-3407