2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 711772

1. Entity Name
LAKE COUNTY BAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1001 EAST AVENUE CLERMONT, FL 34711	1001 EAST AVENUE CLERMONT, FL 34711

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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
23-7267384

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAHL, J. J
1001 EAST AVENUE
CLERMONT, FL 34711

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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 J. J. Dahl 1/13/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OLDHAM, JOHN
STREET ADDRESS	380 WEST ALFRED STREET
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	P
NAME	KIRSTE, MEREDITH
STREET ADDRESS	610 E MAIN ST
CITY-ST-ZIP	LEESBURG, FL
TITLE	S
NAME	DAHL, J. J
STREET ADDRESS	1001 EAST AVENUE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	T
NAME	NEAL, TERRY
STREET ADDRESS	605 W. MAGNOLIA
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	VP
NAME	PFISTER, JEFF
STREET ADDRESS	1100 EAST ALFRED ST.
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D
NAME	HACKNEY, HARRY
STREET ADDRESS	14229 U. S. HWY. 441
CITY-ST-ZIP	TAVARES, FL 32778

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01/15/04-80059-008 61.25

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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 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: J. J. Dahl 1/13/04 352-243-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #