2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State
04-07-2006 90022 045 ****61.25

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

03312006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
401 E. Alfred St Suite, Apt. #, etc.	401 E. Alfred St Suite, Apt. #, etc.
City & State: Tavares, FL Zip: 32778 Country: USA	City & State: Tavares, FL Zip: 32778 Country: USA

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	7. Name and Address of New Registered Agent
DAHL, J. J 1001 EAST AVENUE CLERMONT, FL 34711	Name: James F. Feuerstein III Street Address (P.O. Box Number is Not Acceptable): 401 E. Alfred St. City: Tavares FL Zip Code: 32778

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: James F. Feuerstein 4/3/06
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, 2006

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	D ROGERS, MICHAEL 303 NORTH TEXAS AVENUE TAVARES, FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Rogers, Michael 804 N. Bay Street Eustis, FL 32727-2047	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PFISTER, JEFFREY 1100 EAST ALFRED STREET TAVARES, FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAHL, J. J 1001 EAST AVENUE CLERMONT, FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S James F. Feuerstein. III 401 E. Alfred St. Tavares, FL 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NEAL, TERRY 605 W. MAGNOLIA LEESBURG, FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Pepperman, Carla R 640 North Baker St. Mount Dora, FL 32757	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAWTHORNE, CANDACE 319 EAST MAIN STREET TAVARES, FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEPPERMAN, CARLA 640 NORTH BAKER STREET MOUNT DORA, FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Michael J. Rogers 4/3/06 352-483-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #