2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711772

FILED Jan 23, 2007 Secretary of State

Entity Name: LAKE COUNTY BAR ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

401 E ALFRED ST TAVARES, FL 32778

Current Mailing Address: New Mailing Address:

401 E ALFRED ST TAVARES, FL 32778

FEI Number: 23-7267384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FEUERSTEIN, JAMES F III 401 E ALFRED ST TAVARES, FL 32778 US

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:

Clastrania Circathura of Danistana d Anant

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 ROGERS, MICHAEL
 Name:
 WATSON, RONALD H

 Address:
 804 N BAY ST
 Address:
 1500 E. ORANGE AVE.

 City-St-Zip:
 EUSTIS, FL 327272047
 City-St-Zip:
 EUSTIS, FL 327264309

Title: () Delete Title: (X) Change () Addition PFISTER, JEFFREY Name: FEUERSTEIN, JAMES F III Name: Address: 1100 EAST ALFRED STREET Address: 401 EAST ALFRED STREET City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778

Title: S () Delete Title: S (X) Change () Addition

 Name:
 FEUERSTEIN, JAMES F III
 Name:
 SCHROTH, DEREK A

 Address:
 401 E ALFRED ST
 Address:
 600 JENNINGS AVE

 City-St-Zip:
 TAVARES, FL 32778
 City-St-Zip:
 EUSTIS, FL 32726

 Name:
 PEPPERMAN, CARLA R
 Name:

 Address:
 640 N BAKER ST
 Address:

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:

 Name:
 HAWTHORNE, CANDACE
 Name:

 Address:
 319 EAST MAIN STREET
 Address:

 City-St-Zip:
 TAVARES, FL 32778
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 PEPPERMAN, CARLA
 Name:

 Address:
 640 NORTH BAKER STREET
 Address:

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 F. FEUERSTEIN, III VP 01/23/2007