2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711772

FILED Apr 06, 2009 Secretary of State

Entity Name: LAKE COUNTY BAR ASSOCIATION, INC.

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

401 E ALFRED ST 804 N. BAY STREET TAVARES, FL 32778 EUSTIS, FL 32726

Current Mailing Address: New Mailing Address:

401 E ALFRED ST 804 N. BAY STREET TAVARES, FL 32778 EUSTIS, FL 32726

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 FORGIE, WALTER A 401 E ALFRED ST 804 N. BAY STREET TAVARES, FL 32778 US EUSTIS, FL 32726 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: WALTER FORGIE 04/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: FEUERSTEIN, JAMES F SCHROTH, DEREK A

 Address:
 401 EAST ALRED STREET
 Address:
 600 JENNINGS AVE

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

Title: VP () Delete Title: VP (X) Change () Addition Name: SCHROTH, DEREK A Name: ALEXANDER, JOSEPH N

Address: 600 JENNINGS AVE Address: 308 E. FIFTH AVENUE
City-St-Zip: EUSTIS, FL 32726 City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete Title: S (X) Change () Addition
Name: ALEXANDER, JOSEPH N Name: FORGIE, WALTER A

Name: ALEXANDER, JOSEPH N Name: FORGIE, WALTER A
Address: 308 E. FIFTH AVENUE Address: P.O. DRAWER 2047
City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: EUSTIS, FL 32727-204 US

Title: T () Delete Title: () Change () Addition

PEPPERMAN, CARLA R
640 N BAKER ST
MOUNT DORA, FL 32757

Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WALTER FORGIE S 04/06/2009