

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 14, 2010**  
**Secretary of State**

DOCUMENT# 711772

**Entity Name:** LAKE COUNTY BAR ASSOCIATION, INC.**Current Principal Place of Business:**804 N. BAY STREET  
EUSTIS, FL 32726**New Principal Place of Business:**550 W. MAIN ST.  
TAVARES, FL 32778**Current Mailing Address:**804 N. BAY STREET  
EUSTIS, FL 32726**New Mailing Address:**PO BOX 7800  
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:**FORGIE, WALTER A  
804 N. BAY STREET  
EUSTIS, FL 32726 US**Name and Address of New Registered Agent:**FORGIE, WALTER A  
550 W. MAIN 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: WALTER FORGIE

09/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FORGIE, WALTER A  
Address: 550 W. MAIN ST  
City-St-Zip: TAVARES, FL 32778

Title: VP  
Name: RICE, ROGER  
Address: 33746 RADIO RD  
City-St-Zip: LEESBURG, FL 34788

Title: S  
Name: MUELLER, PATRICIA R  
Address: 3900 LAKE CENTER DRIVE, SUITE A-5  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: T  
Name: PEPPERMAN, CARLA R  
Address: 640 N BAKER ST  
City-St-Zip: MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: WALTER FORGIE

P

09/14/2010

Electronic Signature of Signing Officer or Director

Date