

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90101 004 ****61.25

DOCUMENT # 716665 1. Entity Name THE LAKE CITY COMMUNITY COLLEGE FOUNDATION, INC					
Principal Place of Business RT 19 BOX 1030 LAKE CITY, FL 32025 US			Mailing Address RT 19 BOX 1030 LAKE CITY, FL 32025 US		
2. Principal Place of Business 149 SE Vocational Place Suite, Apt. #, etc.		3. Mailing Address 149 SE Vocational Place Suite, Apt. #, etc.			
City & State Lake City, Florida		City & State Lake City, Florida		4. FEI Number 59-1627997	
Zip 32025		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent J MICHAEL LEE RT 19 BOX 1030 LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name J Michael Lee Street Address (P.O. Box Number is Not Acceptable) 149 SE Vocational Place City Lake City FL Zip Code 32025		
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 July 6, 2004 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	CD NORMAN, GENIE BAYA AVE LAKE CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORMAN, GENIE RT. 21 BOX 448 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSES, PHILIP JR 14205 FIRST ST LAKE CITY, FL 32055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MOSES, PHILIP JR 1420 S. FIRST STREET LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KENNEDY, DON P.O. BOX 1209 LAKE CITY, FL 32056	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KENNEDY, DON P.O. DRAWER 1209 LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POOLE, JIM 106 S. MARION STREET LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCAFF, ANNE 134 SE COLBURN AVE. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:				July 6, 2004 386-754-4433	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	