
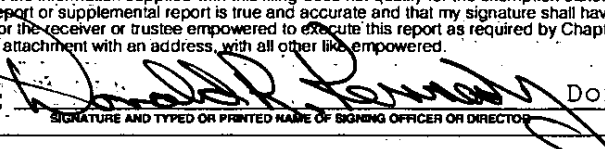


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90064 021 ****61.25

DOCUMENT # 716665 1. Entity Name THE LAKE CITY COMMUNITY COLLEGE FOUNDATION, INC					
Principal Place of Business 149 SE VOCATIONAL PLACE LAKE CITY, FL 32025 US			Mailing Address 149 SE VOCATIONAL PLACE LAKE CITY, FL 32025 US		
2. Principal Place of Business 149 SE COLLEGE PLACE		3. Mailing Address 149 SE COLLEGE PLACE			
Suite, Apt. #, etc.		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 149 SE VOCATIONAL PLACE 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 COLLEGE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				February 1, 2005 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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					
TITLE SD	<input type="checkbox"/> Delete				
NAME NORMAN, GENIE					
STREET ADDRESS RT. 21 BOX 448					
CITY-ST-ZIP LAKE CITY, FL 32025					
TITLE VCD	<input type="checkbox"/> Delete				
NAME MOSES, PHILIP JR					
STREET ADDRESS 1420 S. FIRST STREET					
CITY-ST-ZIP LAKE CITY, FL 32055					
TITLE CD	<input type="checkbox"/> Delete				
NAME KENNEDY, DON					
STREET ADDRESS P.O. DRAWER 1209					
CITY-ST-ZIP LAKE CITY, FL 32056					
TITLE TD	<input type="checkbox"/> Delete				
NAME SCAFF, ANNE					
STREET ADDRESS 134 SE COLBURN AVE.					
CITY-ST-ZIP LAKE CITY, FL 32025					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  Donald R. Kennedy 02/09/05 386-758-0501 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					