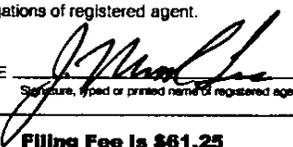
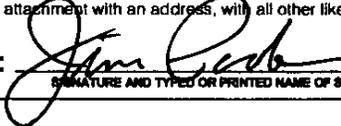


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90188 048 ****61.25

DOCUMENT # 716665					
1. Entity Name THE LAKE CITY COMMUNITY COLLEGE FOUNDATION, INC					
Principal Place of Business 149 SE COLLEGE PLACE LAKE CITY, FL 32025 US			Mailing Address 149 SE COLLEGE PLACE LAKE CITY, FL 32025 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1627997	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
J MICHAEL LEE 149 SE COLLEGE PLACE LAKE CITY, FL 32025			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 		J. Michael Lee		04/11/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reissuing)		DATE	
Filing Fee Is \$61.25 Due by May 1, 2007		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	SD	<input type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, GENIE		NAME	Norman, Genie	
STREET ADDRESS	166 SW RIDGEVIEW PL		STREET ADDRESS	166 SW Ridgeview PL	
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP	Lake City, FL 32024	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOISTER, BILLY RAY		NAME	Foister, Billy Ray	
STREET ADDRESS	360 NW 3RD ST		STREET ADDRESS	360 NW 3rd st.	
CITY-ST-ZIP	LAKE BUTLER, FL 32054		CITY-ST-ZIP	Lake Butler, FL 32054	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, DON		NAME	Bole, Jim	
STREET ADDRESS	P.O. DRAWER 1209		STREET ADDRESS	162 S. Marion Ave.	
CITY-ST-ZIP	LAKE CITY, FL 32056		CITY-ST-ZIP	Lake City, FL 32025	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAFF, ANNE		NAME		
STREET ADDRESS	134 SE COLBURN AVE.		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Jim Bole		04/11/07 386-752-3690	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	