

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716665

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE LAKE CITY COMMUNITY COLLEGE FOUNDATION, INC

Current Principal Place of Business:

149 SE COLLEGE PLACE
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

149 SE COLLEGE PLACE
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-1627997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

J MICHAEL LEE
149 SE COLLEGE PLACE
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: NORMAN, GENIE
Address: 166 SW RIDGEVIEW PL
City-St-Zip: LAKE CITY, FL 32024

Title: CD () Delete
Name: FOISTER, BILLY RAY
Address: 360 NW 3RD ST
City-St-Zip: LAKE BUTLER, FL 32054

Title: TD () Delete
Name: SCAFF, ANNE
Address: 134 SE COLBURN AVE.
City-St-Zip: LAKE CITY, FL 32025

Title: SD () Delete
Name: POOLE, JIM
Address: 162 S MARION AVE
City-St-Zip: LAKE CITY, FL 32025

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: DOPSON, GERALD
Address: 118 EAST MACCLENNEY AVE.
City-St-Zip: MACCLENNEY, FL 32063

Title: S/D (X) Change () Addition
Name: KHAN, WASEEM DR.
Address: P.O. BOX 1642
City-St-Zip: LAKE CITY, FL 32056

Title: D (X) Change () Addition
Name: SCAFF, ANNE
Address: 134 SE COLBURN AVE.
City-St-Zip: LAKE CITY, FL 32025

Title: D (X) Change () Addition
Name: POOLE, JIM
Address: 162 S MARION AVE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Change (X) Addition
Name: FOISTER, BILLY RAY
Address: 360 NW 3RD STREET
City-St-Zip: LAKE BUTLER, FL 32054

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: JIM POOLE

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date