

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90016 001 \*\*\*\*61.25

**DOCUMENT # 727358**

1. Entity Name

**BOYS & GIRLS CLUBS OF LAKE & SUMTER COUNTIES,  
INC.**



Principal Place of Business

**400 EXECUTIVE BLVD  
LEESBURG FL 34748**

Mailing Address

**400 EXECUTIVE BLVD  
LEESBURG FL 34748**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-1524504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORK, BETH H  
400 EXEC. BLVD  
LEESBURG FL 34748**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	ENGLISH, ERIC	
STREET ADDRESS	104 E. DIXIE AVE.	
CITY- ST- ZIP	LEESBURG FL 34748	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARILYLE, CHRIS	
STREET ADDRESS	20 LAGRANDE BLVD.	
CITY- ST- ZIP	THE VILLAGES FL 32159	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OLDHAM, G G	
STREET ADDRESS	2015 CITRUS BLVD.	
CITY- ST- ZIP	LEESBURG FL 34748	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEDERSON, MIKE	
STREET ADDRESS	2617 LEGEND COURT	
CITY- ST- ZIP	LEESBURG FL 34748	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARTCH, KRISTEN	
STREET ADDRESS	1607 HILLTOP DRIVE	
CITY- ST- ZIP	MOUNT DORA FL 32757	
TITLE	S	<input type="checkbox"/> Delete
NAME	HORN, RACHEL	
STREET ADDRESS	1410N S 9TH STREET	
CITY- ST- ZIP	LEESBURG FL 34748	

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	
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 exemptions contained in Section 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-17-08**

Date

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