

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 730954**

1. Entity Name

LAKE SHARON INCORPORATED



Principal Place of Business

Mailing Address

#1 KATHY LANE  
LAKE SHARON ESTATES  
FREEPORT FL 32439-6730

#1 KATHY LANE  
LAKE SHARON ESTATES  
FREEPORT FL 32439-6730

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

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMICK, LARRY  
159 KATHY LANE E.  
FREEPORT FL 32439

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]* PRESIDENT

2/20/07

(Signature of typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	MC CORMICK, LARRY	
STREET ADDRESS	159 KATHY LANE E	
CITY-STATE-ZIP	FREEPORT FL 32439	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBERSON, ANNE	
STREET ADDRESS	62 PETERS COURT	
CITY-STATE-ZIP	FREEPORT FL 32439	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MESSER, JEWEL	
STREET ADDRESS	88 KATHY LANE E	
CITY-STATE-ZIP	FREEPORT FL 32439	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRELL, OSCAR	
STREET ADDRESS	28 DARRELL CT	
CITY-STATE-ZIP	FREEPORT FL 32439	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JEROME, KEVIN	
STREET ADDRESS	2 KATHY LANE W	
CITY-STATE-ZIP	FREEPORT FL 32439	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUVAL, MEL	
STREET ADDRESS	73 KATHY LN	
CITY-STATE-ZIP	FREEPORT FL 32439	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000646329
CITY-STATE-ZIP	03/06/07-80026-007 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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]* PRESIDENT

2/20/07

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone \*