2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750806

FILED Jan 04, 2005 Secretary of State

Entity Name: LAKE-SUMTER COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9501 US HWY 441 LEESBURG, FL 34788

Current Mailing Address: New Mailing Address:

9501 US HWY 441 LEESBURG, FL 34788

FEI Number: 59-1990323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOJOCK, CHARLES DR 1255 OLD EUSTIS RD. MOUNT DORA, FL 32757 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 MORRIS, TIM
 Name:
 ODOM, MARGO

 Address:
 9605 SILVER LAKE DRIVE
 Address:
 POST OFFICE BOX 661

 City-St-Zip:
 LEESBURG, FL 34788
 City-St-Zip:
 UMATILLA, FL 32784

 Title:
 PE
 () Delete
 Title:
 PE
 (X) Change () Addition

 Name:
 ODOM, MARGO
 Name:
 CHERRY, JON

Address: POST OFFICE BOX 661 Address: 6822 LAKE VIEW DRIVE City-St-Zip: UMATILLA, FL 32784 City-St-Zip: YALAHA, FL 34797

Title: PPD () Delete Title: PPD (X) Change () Addition

Name: PURDUM, ROSEMARY Name: MORRIS, TIM
Address: 33703 OVERTON DRIVE Address: 9605 SILVER LAKE DRIV

Address: 33703 OVERTON DRIVE Address: 9605 SILVER LAKE DRIVE City-St-Zip: LEESBURG, FL 34788 City-St-Zip: LEESBURG, FL 34788

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 DAJNOWICZ, MAX DR.
 Name:
 SKEHAN, LEIGH

 Address:
 6036 FALCONBRIDGE PLACE
 Address:
 1107 CABALLA ROAD

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:
 LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARGO ODOM P 01/04/2005