FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:32

DOCUMENT # **769011** **(8)**

1. Corporation Name
LAKESIDE ALTERNATIVES, INC.

Principal Place of Business	Mailing Address
434 W KENNEDY BLVD ORLANDO FL 32810	434 W KENNEDY BLVD ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/20/1983**
3a. Date of Last Report: **02/23/1994**
4. FEI Number: **59-2301233** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

BAUER, L D
434 W KENNEDY BLVD
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name: Julie, Wolf
82 Street Address (P.O. Box Number is Not Acceptable): 434 W. Kennedy Blvd.
83
84 City: Orlando, FL 85 Zip Code: 32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: 2/9/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☐ Change ☐ Addition
NAME	WOODBERY, PATRICIA	12 NAME		
STREET ADDRESS	1021 MONTCLAM ST	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	CD	21 TITLE	CD	☒ Change ☐ Addition
NAME	BAUER, DAVID	22 NAME	Wolf, Julie	
STREET ADDRESS	2931 LOLISSA LANE	23 STREET ADDRESS	2440 Shewsbury Rd.	
CITY-ST-ZIP	MAITLAND FL	24 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	VCD	31 TITLE		☐ Change ☐ Addition
NAME	MCGRAY, DUANE	32 NAME		
STREET ADDRESS	8310 AIRPORT BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	VCD	41 TITLE		☐ Change ☐ Addition
NAME	HUGHES, LOUIS	42 NAME		
STREET ADDRESS	1481 VIA TUSCANY	43 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	KISSICK, CATHERINE	52 NAME		
STREET ADDRESS	1343 RAVIDA WOODS DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/9/95 407-646-6315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0004112