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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32810-6237

3. Date Incorporated or Qualified: **06/20/1983**
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOLF, JULIE
434 W KENNEDY BLVD
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	WOODBERY, PATRICIA		1.2 NAME	Wayne Gardner	
STREET ADDRESS	1021 MONTCLAM ST		1.3 STREET ADDRESS	2800 E. Central Blvd.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOLF, JULIE		2.2 NAME		
STREET ADDRESS	2440 SHEWSBURY RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KASSAB, JERRY		3.2 NAME		
STREET ADDRESS	3508 VESTAVIA WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, LOUIS		4.2 NAME		
STREET ADDRESS	1461 VIA TUSCANY		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	KISSICK, CATHERINE		5.2 NAME		
STREET ADDRESS	~~1343 RAVIDA WOODS DRIVE~~		5.3 STREET ADDRESS	3241 Osceola Ave	
CITY-ST-ZIP	~~APOPKA FL~~		5.4 CITY-ST-ZIP	Orlando, FL 32806	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [illegible] **CHAIRMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0017132