2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002860

1. Entity Name
LAKE REGION COUNCIL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5873 COUNTY RD 352 KEYSTONE HEIGHTS, FL 32656	PO BOX 185 KEYSTONE HEIGHTS, FL 32656

01222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3656777
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARNHARDT, DENNIS
5873 COUNTY RD 352
KEYSTONE HEIGHTS, FL 32656

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARNHARDT, DENNIS
STREET ADDRESS	5873 COUNTY RD 352
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	VD
NAME	BERKSON, BARRY
STREET ADDRESS	6754 BEDFORD LAKE DIVE
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	SD
NAME	STINSON, NELLIE
STREET ADDRESS	7789 TWIN LAKES RD
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	TD
NAME	GILL, DUANE
STREET ADDRESS	5725 N. CRATER LAKE
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/04-80053-025 61.25

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12. I 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 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: _____ Jan 25 04 3524735100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #