2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 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

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B1052006 No Chg-NP CR2E037 (11/05)

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 appropriate (If the Registered Agent is signing on behalf of an entity)

Filing Fee is $61.25
Due by May 1, 2006

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	JONES, TOM
STREET ADDRESS	5665 PIPER GLEN BLVD
CITY ST ZIP	JACKSONVILLE, FL 32222
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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04/10/06-80029-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Dennis Barnhardt DENNIS BARNHARDT 05-14-2006 352-473-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #