

FILED  
Apr 20, 2007 8:00 am  
Secretary of State

04-20-2007 90078 033 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                               |                            |                                                                                     |                                                             |                                                                                          |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N00000002860</b>                                                                                                                                                                                                |                            |                                                                                     |                                                             |         |                                                                              |
| 1. Entity Name<br>LAKE REGION COUNCIL ASSOCIATION, INC.                                                                                                                                                                       |                            |                                                                                     |                                                             |                                                                                          |                                                                              |
| Principal Place of Business<br>5873 COUNTY RD 352<br>KEYSTONE HEIGHTS, FL 32656                                                                                                                                               |                            |                                                                                     | Mailing Address<br>PO BOX 185<br>KEYSTONE HEIGHTS, FL 32656 |                                                                                          |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                |                            |                                                                                     | 3. Mailing Address                                          |                                                                                          |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                            |                                                                                     | Suite, Apt. #, etc.                                         |                                                                                          |                                                                              |
| City & State                                                                                                                                                                                                                  |                            |                                                                                     | City & State                                                |                                                                                          |                                                                              |
| Zip                                                                                                                                                                                                                           | Country                    | Zip                                                                                 | Country                                                     | 4. FEI Number<br>59-3656777                                                              |                                                                              |
|                                                                                                                                                                                                                               |                            |                                                                                     |                                                             | Applied For<br>Not Applicable                                                            |                                                                              |
|                                                                                                                                                                                                                               |                            |                                                                                     |                                                             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                                              |
| 6. Name and Address of Current Registered Agent<br>BARNHARDT, DENNIS<br>5873 COUNTY RD 352<br>KEYSTONE HEIGHTS, FL 32656                                                                                                      |                            |                                                                                     |                                                             | 7. Name and Address of New Registered Agent                                              |                                                                              |
|                                                                                                                                                                                                                               |                            |                                                                                     |                                                             | Name                                                                                     |                                                                              |
|                                                                                                                                                                                                                               |                            |                                                                                     |                                                             | Street Address (P.O. Box Number is Not Acceptable)                                       |                                                                              |
|                                                                                                                                                                                                                               |                            |                                                                                     |                                                             | City                                                                                     |                                                                              |
|                                                                                                                                                                                                                               |                            |                                                                                     |                                                             | FL Zip Code                                                                              |                                                                              |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                  |                            |                                                                                     |                                                             |                                                                                          |                                                                              |
| Filing Fee is \$61.25<br>Due by May 1, 2007                                                                                                                                                                                   |                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                             | \$5.00 May Be<br>Added to Fees                                                           |                                                                              |
|                                                                                                                                                                                                                               |                            |                                                                                     |                                                             | Make check payable to<br>Florida Department of State                                     |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                            |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       |                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                         | PD                         | <input type="checkbox"/> Delete                                                     | TITLE                                                       | PD                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          | BARNHARDT, DENNIS          |                                                                                     | NAME                                                        | LYNDEL HALE                                                                              |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                | 5873 COUNTY RD 352         |                                                                                     | STREET ADDRESS                                              | PO BOX 1929                                                                              |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   | KEYSTONE HEIGHTS, FL 32656 |                                                                                     | CITY-ST-ZIP                                                 | KEYSTONE HEIGHTS, FL 32656                                                               |                                                                              |
| TITLE                                                                                                                                                                                                                         | VD                         | <input type="checkbox"/> Delete                                                     | TITLE                                                       | VD                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          | JONES, TOM                 |                                                                                     | NAME                                                        | DENNIS BARNHARDT                                                                         |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                | 5665 PIPER GLEN BLVD       |                                                                                     | STREET ADDRESS                                              | 5873 COUNTY Rd 352                                                                       |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   | JACKSONVILLE, FL 32222     |                                                                                     | CITY-ST-ZIP                                                 | KEYSTONE HEIGHTS, FL 32656                                                               |                                                                              |
| TITLE                                                                                                                                                                                                                         | SD                         | <input type="checkbox"/> Delete                                                     | TITLE                                                       | SD                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          | STINSON, NELLIE            |                                                                                     | NAME                                                        | JANET BARNHARDT                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                | 7789 TWIN LAKES RD         |                                                                                     | STREET ADDRESS                                              | 5873 COUNTY Rd 352                                                                       |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   | KEYSTONE HEIGHTS, FL 32656 |                                                                                     | CITY-ST-ZIP                                                 | KEYSTONE HEIGHTS, FL 32656                                                               |                                                                              |
| TITLE                                                                                                                                                                                                                         | TD                         | <input type="checkbox"/> Delete                                                     | TITLE                                                       | TD                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          | GILL, DUANE                |                                                                                     | NAME                                                        | DUANE GILL                                                                               |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                | 5725 N. CRATER LAKE        |                                                                                     | STREET ADDRESS                                              | 1913 HARBOR ISLAND DRIVE                                                                 |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   | KEYSTONE HEIGHTS, FL 32656 |                                                                                     | CITY-ST-ZIP                                                 | ORANGE PARK, FL 32003                                                                    |                                                                              |
| TITLE                                                                                                                                                                                                                         |                            | <input type="checkbox"/> Delete                                                     | TITLE                                                       |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                          |                            |                                                                                     | NAME                                                        |                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                |                            |                                                                                     | STREET ADDRESS                                              |                                                                                          |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                            |                                                                                     | CITY-ST-ZIP                                                 |                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                         |                            | <input type="checkbox"/> Delete                                                     | TITLE                                                       |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                          |                            |                                                                                     | NAME                                                        |                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                |                            |                                                                                     | STREET ADDRESS                                              |                                                                                          |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                            |                                                                                     | CITY-ST-ZIP                                                 |                                                                                          |                                                                              |

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 March 9 2007 352-473-5100