

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002860

FILED
Apr 10, 2008
Secretary of State

Entity Name: LAKE REGION COUNCIL ASSOCIATION, INC.

Current Principal Place of Business:

5873 COUNTY RD 352
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

PO BOX 185
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-3656777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALE, LYNDEL
Address: PO BOX 1929
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VD () Delete
Name: BARNHARDT, DENNIS
Address: 5873 COUNTY RD 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD () Delete
Name: BARNHARDT, JANET
Address: 5873 COUNTY RD 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TD () Delete
Name: GILL, DUANE
Address: 1913 HARBOR ISLAND DRIVE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET M BARNHARDT

SD

04/10/2008

Electronic Signature of Signing Officer or Director

Date