2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N00000002860

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 ( )**

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: PD (X) Change ( ) Addition
Name: BARNHARDT, DENNIS PRES
Address: 5873 COUNTY RD 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VD (X) Change ( ) Addition
Name: KATZ, VIVIAN V PRES
Address: 6579 IMMOKALEE RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

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

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: DENNIS BARNHARDT PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date