


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90054 041 ****61.25

DOCUMENT # N01000006091 1. Entity Name LAKEWOOD RANCH CIVIC ACTION FORUM, INC.	
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Principal Place of Business 6215 LORRAINE ROAD BRADENTON, FL 34202	Mailing Address 6215 LORRAINE ROAD BRADENTON, FL 34202
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2. Principal Place of Business 6532 MOORINGS POINT CIR Suite, Apt. #, etc. #102 City & State BRADENTON, FL Zip 34202 Country MANATEE	3. Mailing Address 6532 MOORINGS POINT CIRCLE Suite, Apt. #, etc. #102 City & State BRADENTON, FL Zip 34202 Country MANATEE
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02282005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1125526	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAIN, JOANNE 6532 MOORINGS POINT CIRCLE #102 BRADENTON, FL 34202
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Joanne Dain, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, REX E 6215 LORRAINE ROAD BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAIN, JO ANNE 6532 MOORINGS POINT CIRCLE, #102 BRADENTON, FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP O'LEARY, DONALD 6577 WATERS EDGE WAY BRADENTON, FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ADAMSON, PAUL 3215 LORRAINE RD. BRADENTON, FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CUTLER, ROBERT 7917 ROYAL QUEENSLAND WAY LAKEWOOD RANCH, FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, PENNY 10808 BULLRUSH TERRACE BRADENTON, FL 34202 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ TROY, PHYLLIS 6466 GOLDEN LEAF COURT BRADENTON, FL 34202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ JOHANSEN, STEVE 6831 TURNBERRY ISLE COURT BRADENTON, FL 34202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ BURKE, THOMAS 8012 ROYAL BIRKDALE CIRCLE BRADENTON, FL 34202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D5 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joanne G. Dain, Pres. 3/5/05 941-907-1029
Signature and typed or printed name of signing officer or director Date Daytime Phone #

JOANNE G. DAIN