2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2008
Secretary of State

DOCUMENT# N02000006205

Entity Name: THE LAKEWOOD COMMUNITY INC.

Current Principal Place of Business:

1827 STANFORD ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1827 STANFORD ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

5165 ROLLINS AVENUE
JACKSONVILLE, FL 32207

FEI Number: 04-3748298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUELLER, NANCY
1827 STANFORD ROAD
JACKSONVILLE, FLORIDA, FL 32207 US

Name and Address of New Registered Agent:

TRAMMELL, MONTELLE A
5165 ROLLINS AVENUE
JACKSONVILLE, FLORIDA, FL 32207 US

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: MONTELLE A. TRAMMELL 04/06/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: MUELLER, ERNST
Address: 1827 STANFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D. ( ) Delete
Name: MUELLER, NANCY
Address: 1827 STANFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D. ( ) Delete
Name: HEISTER, DEBRA
Address: 1709 CORNELL ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D. (X) Delete
Name: REED, JAMES
Address: 5324 STANFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete
Name: THOMAS, VERA
Address: 1742 CORNELL ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete
Name: WATTS, GERI
Address: 5355 TULANE AVE.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MUELLER, ERNST
Address: 1827 STANFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: S/T (X) Change ( ) Addition
Name: TRAMMELL, MONTELLE A
Address: 5165 ROLLINS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D. (X) Change ( ) Addition
Name: MUELLER, NANCY
Address: 1709 CORNELL ROAD
City-St-Zip: JACKSONVILLE, FL 32207

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: MONTELLE A. TRAMMELL S/T 04/06/2008
Electronic Signature of Signing Officer or Director Date