
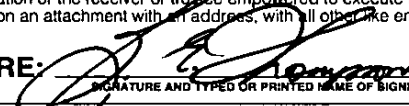


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90280 016 \*\*\*\*70.00

<b>DOCUMENT # N02000009497</b>					
1. Entity Name THE CHILDREN'S FOUNDATION OF LAKE COUNTY, INC.					
Principal Place of Business POST OFFICE BOX 1837 EUSTIS, FL 32727-1837			Mailing Address POST OFFICE BOX 1837 EUSTIS, FL 32727-1837		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1624405	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEMENTO, SHARRON 22 CYPRESS DRIVE EUSTIS, FL 32726			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 _____ DATE _____ <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 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILIGENTHAL, CINDI		NAME	HEILIGENTHAL, CINDI	
STREET ADDRESS	19526 SPRING OAK DRIVE		STREET ADDRESS	19526 SPRING OAK DRIVE	
CITY-ST-ZIP	EUSTISRG, FL 32726		CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLICK, MARGARET L		NAME		
STREET ADDRESS	235 EAST LAKEVIEW STREET		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA, FL 32784		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAYERMAN, GILBERT		NAME		
STREET ADDRESS	15909 HANSON VIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, B.E		NAME	THOMPSON, B.E.	
STREET ADDRESS	1203 CHESTERFIELD COURT		STREET ADDRESS	1203 CHESTERFIELD COURT	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRACHT, TERRI		NAME	SEMENTO, SHARRON	
STREET ADDRESS	9343 SOUTH HIGHWAY 561		STREET ADDRESS	22 CYPRESS DRIVE	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABOO, LISA		NAME		
STREET ADDRESS	19830 LOOKOUT LANE		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 32736		CITY-ST-ZIP		
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: 			B.E. Thompson		03/15/05 (352) 551-4094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

# ATTACHMENT

## ATTACHMENT

### 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ADDITIONAL DIRECTORS

14010835  
#NO20000069497

TITLE: D  
NAME: ROBERTSON, CLIFF  
STREET ADDRESS: 520 JASON DRIVE  
CITY-ST-ZIP: LADY LAKE, FL 32159

TITLE: D  
NAME: MOSLEY, LILLIE  
STREET ADDRESS: 1305 LOUIS COURT  
CITY-ST-ZIP: EUSTIS, FL 32726

TITLE: S/D  
NAME: GIDDENS, CANDI  
STREET ADDRESS: 13241 GRAND TERRACE DRIVE  
CITY-ST-ZIP: GRAND ISLAND, FL 32735

TITLE: D  
NAME: NATHANSON, ED  
STREET ADDRESS: 423 FENNELL BOULEVARD  
CITY-ST-ZIP: LADY LAKE, FL 32159

TITLE: D  
NAME: LEE, EMILY A.  
STREET ADDRESS: 315 WEST MAIN STREET  
CITY-ST-ZIP: TAVARES, FL 32778