

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000009497

FILED
Sep 08, 2003
Secretary of State

Entity Name: THE CHILDREN'S FOUNDATION OF LAKE COUNTY, INC.

Current Principal Place of Business:

POST OFFICE BOX 1551
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1551
TAVARES, FL 32778

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCALL, JOAN M
3620 LAKE ELEANOR DRIVE
MOUNT DORA, FL 32757 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: D () Delete
Name: BROWN, JOAN
Address: POST OFFICE BOX 490750
City-St-Zip: LEESBURG, FL 34749

Title: D () Delete
Name: CLICK, MARGARET L
Address: 235 EAST LAKEVIEW STREET
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: FAYERMAN, GILBERT
Address: 15909 HANSON VIEW DRIVE
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: HEILIGENTHAL, CINDI
Address: 18409 CAYMAN STREET
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: KRACHT, TERRI
Address: 9343 SOUTH HIGHWAY 561
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: LABOO, LISA
Address: 19830 LOOKOUT LANE
City-St-Zip: EUSTIS, FL 32736

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
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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 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 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: MARGARET CLICK

D

09/08/2003

Electronic Signature of Signing Officer or Director

Date