2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004
Secretary of State

DOCUMENT# N03000004489

Entity Name: LAKE HARVEST FELLOWSHIP, INC.

Current Principal Place of Business:

16038 DORA AVE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

16038 DORA AVE
TAVARES, FL 32778

New Mailing Address:

FEI Number: 04-3760008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACKEY, COLLEEN D
16038 DORA AVE
TAVARES, FL 32778

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:	TRAVIS, TIMOTHY L	
Address:	901 OAK DR	
City-St-Zip:	LEESBURG, FL 34748	
Title:	D	( ) Delete
Name:	TRAVIS, BRENDA L	
Address:	901 OAK DR	
City-St-Zip:	LEESBURG, FL 34748	
Title:	VD	( ) Delete
Name:	LACKEY, DONALD J	
Address:	16038 DORA AVE	
City-St-Zip:	TAVARES, FL 32778	
Title:	TD	( ) Delete
Name:	LACKEY, COLLEEN D	
Address:	16038 DORA AVE	
City-St-Zip:	TAVARES, FL 32778	
Title:	CD	( ) Delete
Name:	YOKAWONIS, ANTHONY G	
Address:	4080 HWY 19 A	
City-St-Zip:	TAVARES, FL 32778	
Title:	SD	( ) Delete
Name:	YOKAWONIS, MARTHA M	
Address:	4080 HWY 19A	
City-St-Zip:	TAVARES, FL 32778	

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
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 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: COLLEEN D LACKEY STD 03/19/2004

Electronic Signature of Signing Officer or Director — Date