

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90569 025 ****61.25

DOCUMENT # N03000004489 1. Entity Name LAKE HARVEST FELLOWSHIP, INC.						
Principal Place of Business 16038 DORA AVE TAVARES, FL 32778			Mailing Address 16038 DORA AVE TAVARES, FL 32778			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 04-3760008		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent LACKEY, COLLEEN D 16038 DORA AVE TAVARES, FL 32778				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required-		
SIGNATURE 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						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAVIS, TIMOTHY L 901 OAK DR LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVIS, BRENDA L 901 OAK DR LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LACKEY, DONALD J 16038 DORA AVE TAVARES, FL 32778 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACKEY, Donald J 16038 Dora Av TAVARES FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LACKEY, COLLEEN D 16038 DORA AVE TAVARES, FL 32778 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Lackey, Colleen D 16038 Dora Av TAVARES FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD YOKAWONIS, ANTHONY G 4080 HWY 19 A TAVARES, FL 32778 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD YOKAWONIS Anthony 4080 N. HWY 19A MOUNT DORA FL 32757 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOKAWONIS, MARTHA M 4080 HWY 19A TAVARES, FL 32778 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOKAWONIS, MARTHA 4080 N. HWY 19A MOUNT DORA FL 32757 <input checked="" 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)(f), 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: <u>Colleen D Lackey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/14/05 352-589-1305 Date Daytime Phone #		