

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000158

FILED
Jan 06, 2007
Secretary of State

Entity Name: LAST HOUSE ON THE BLOCK OF LAKE COUNTY, INC.

Current Principal Place of Business:

1339 NEELY DR
LEESBURG, FL 34748

New Principal Place of Business:

1339 NEELY DRIVE
LEESBURG, FL 34748 US

Current Mailing Address:

POST OFFICE BOX 490443
LEESBURG, FL 347490443

New Mailing Address:

POST OFFICE BOX 490443
LEESBURG, FL 34749 US

FEI Number: 42-1615076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUBBAGE, GREGORY W
32720 ECHO DRIVE.
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

PAMELA, KNOX
3024 WEKIVA RD.
TAVARES, FL 32778 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: PAMELA KNOX

01/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUBBAGE, GREGORY
Address: 32720 ECHO DR
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: GRANT, DAVID
Address: P O BOX 490443
City-St-Zip: LEESBURG, FL 34749

Title: D () Delete
Name: KNOX, PAM M
Address: 3024 WEKIVA RD
City-St-Zip: TAVARES, FL 32778

Title: D (X) Delete
Name: MASON, ANGELA
Address: 360 WOODRIDGE PL.
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOELLER, PETER
Address: 3736 PLANTATION BLVD.
City-St-Zip: LEESBURG, FL 34748 US

Title: D (X) Change () Addition
Name: KNOX, PAM M
Address: 3024 WEKIVA RD.
City-St-Zip: TAVARES, FL 32778 US

Title: D (X) Change () Addition
Name: MASON, ANGELA
Address: 360 WOODRIDGE PL.
City-St-Zip: TAVARES, FL 32778 US

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 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: PAM M KNOX

TREA

01/06/2007

Electronic Signature of Signing Officer or Director

Date