

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90025 028 ****61.25



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DOCUMENT # N04000002607				1. Entity Name LAKE TECHNICAL CENTER, INC.	
Principal Place of Business 2001 KURT ST. EUSTIS, FL 32726		Mailing Address 2001 KURT ST. EUSTIS, FL 32726			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0940772	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, TERRY E 2001 KURT ST. 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: type or print 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, 2006		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 type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, PHYLLIS		NAME	Baxter, Joe	
STREET ADDRESS	P.O. BOX 101		STREET ADDRESS	8826 Lakeshore Drive	
CITY-ST-ZIP	WEIRSDALE, FL 32195		CITY-ST-ZIP	Yalaha, FL 34797	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDGE, JAMES		NAME	Scoggins, Randall	
STREET ADDRESS	2761 WEST OLD HWY. 441		STREET ADDRESS	1300 N. Donnelly Street	
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAS, ISAAC II		NAME		
STREET ADDRESS	207 BRYAN ST.		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, ROBERT JR.		NAME		
STREET ADDRESS	1103 OVERLOOK DR.		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAULDIN, MICKEY		NAME		
STREET ADDRESS	13220 SUGERBLUFF RD.		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TERRY E		NAME		
STREET ADDRESS	18903 HIGHWAY 19 N		STREET ADDRESS		
CITY-ST-ZIP	GROVELAND, FL 34736		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		1/26/06		352-589-2250	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	