


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90017 049 ****61.25

DOCUMENT # N05000007430 1. Entity Name LAKE FAITH PROFESSIONAL CENTER ASSOCIATION, INC.					
Principal Place of Business 260 LOOKOUT PLACE SUITE # 201 MAITLAND, FL 32751			Mailing Address C/O FIRST CAPITAL PROPERTY MANAGEMENT 120 EAST COLONIAL DRIVE ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>1516 E. Hillcrest St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 210</i>			
City & State		City & State <i>Orlando FL</i>			
Zip	Country	Zip	Country	4. FEI Number 54-2192105	
<i>32803</i>	<i>US</i>	<i>32803</i>	<i>US</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILAL, TALAL E 1101 N MAITLAND AVE MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name <i>Charles J. Mitchell Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>First Capital</i> <i>1516 E. Hillcrest St. Ste. 210</i> City <i>Orlando</i> FL <i>32803</i>	
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 <i>[Signature]</i> DATE <i>5/14/08</i> <small>Signature, typed or printed 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, 2008		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	DP SIMANTON, DEXTER 260 LOOKOUT PLACE, SUITE 202 MAITLAND, FL 32751	<input 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	DV COHN, RICK 260 LOOKOUT PLACE, SUITE 105 MAITLAND, FL 32751	<input 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	DT HILAL, TALAL E 260 LOOKOUT PLACE, SUITE 201 MAITLAND, FL 32751	<input 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	DST KUPERBERG, JUSTIN 2600 LAKE LUCIEN DRIVE, SUITE 180 MAITLAND, FL 32751	<input 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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i>			Date <i>5-16-08</i> Daytime Phone # <i>407 647 1781</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Dexter Simanton, President</i>					

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01142008 Chg-NP CR2E037 (12/06)

4. FEI Number 54-2192105 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name *Charles J. Mitchell Jr.*
Street Address (P.O. Box Number is Not Acceptable) *First Capital*
1516 E. Hillcrest St. Ste. 210
City *Orlando* FL *32803*

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

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SIGNATURE: *[Signature]* Date *5-16-08* Daytime Phone # *407 647 1781*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dexter Simanton, President