

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012856

FILED
Jan 09, 2008
Secretary of State

Entity Name: LAKE AND SUMTER EMERGENCY RECOVERY, INC.

Current Principal Place of Business:

% MICHAEL TART
292 OAKSHADE DR
MT DORA, FL 32757

New Principal Place of Business:

MICHAEL TART
4900 N. HWY 19 A, SUITE 2
MT DORA, FL 32757

Current Mailing Address:

% MICHAEL TART
292 OAKSHADE DR
MT DORA, FL 32757

New Mailing Address:

MICHAEL TART
4900 N. HWY 19A, SUITE 2
MT DORA, FL 32757

FEI Number: 06-1807554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TART, MICHAEL
292 OAKSHADE DR
MT DORA, FL 32757 US

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: CP () Delete
Name: TART, MICHAEL
Address: 292 OAKSHADE DR
City-St-Zip: MT DORA, FL 32757

Title: VC () Delete
Name: POSS, CHARLOTTE
Address: 13139 CR 109F
City-St-Zip: LADY LAKE, FL 32359

Title: S () Delete
Name: BOONE, GLORIA
Address: 501 N BAY STREET
City-St-Zip: EUSTIS, FL 32726

Title: T () Delete
Name: SCHWARZ, TAREN
Address: 1315 NORTH SHORE DR
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EX D (X) Change () Addition
Name: TART, MICHAEL
Address: 292 OAKSHADE DR
City-St-Zip: MT DORA, FL 32757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CH (X) Change () Addition
Name: DOUGLAS, MARK
Address: 4900 N. HWY 19A, SUITE E
City-St-Zip: MT. DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify 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: MARK DOUGLAS

CH

01/09/2008

Electronic Signature of Signing Officer or Director

Date