

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004873

FILED  
May 08, 2006  
Secretary of State

**Entity Name:** LAKE INSTITUTE OF EDUCATION, INC.

**Current Principal Place of Business:**

717 LIBERTY ST.  
P.O. BOX 176  
EUSTIS, FL 32727

**New Principal Place of Business:**

**Current Mailing Address:**

717 LIBERTY ST.  
P.O. BOX 176  
EUSTIS, FL 32727

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MCTIER, JOYCE M CEO  
717 LIBERTY ST  
EUSTIS, FL 32727 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: MCTIER, JOYCE M  
Address: 717 LIBERTY ST.  
City-St-Zip: EUSTIS, FL 32727

Title: VP ( ) Delete  
Name: BURLEY, EUGENE DR  
Address: 3925 BRANCH AVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: KING COLONEL, MARVIN K  
Address: 1016 MCCORMICK STREET  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: JOYCE M. MCTIER

CEO

05/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date