


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90014 001 ****61.25

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # N06000004873 1. Entity Name LAKE INSTITUTE OF EDUCATION, INC. | | | |  | |
| Principal Place of Business 717 LIBERTY ST EUSTIS, FL 32727 | | | Mailing Address 37711 CR 439 EUSTIS, FL 32736 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 56-2581252 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCTIER, JOYCE M CEO 717 LIBERTY ST EUSTIS, FL 32727 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 12, 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 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO MCTIER, JOYCE M 717 LIBERTY ST. EUSTIS, FL 32727 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BURLEY, EUGENE DR 3925 BRANCH AVE MOUNT DORA, FL 32757 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KING COLONEL, MARVIN K 1016 MCCORMICK STREET LEESBURG, FL 34748 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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: <u>Cynthia Vary</u> <u>Cynthia Vary</u> <u>6/8/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT

40109500

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Annual Report Online Filing

Document Number N06000004873

Business Entity Name LAKE INSTITUTE OF EDUCATION, INC.

FEI Number 56 - 2581252

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status ☐ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 717 LIBERTY ST (PO Box not acceptable)

Suite, Apt. #, etc.

City, State EUSTIS, FL

Zip Code & Country 32727

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 37711 CR 439

Suite, Apt. #, etc.

City, State EUSTIS, FL

Zip Code & Country 32736

Name And Address of Registered Agent

Name (Last, First, Middle, Title) MCTIER, JOYCE, M, CEO

- OR -

Business to serve as RA

Street Address In Florida 717 LIBERTY ST (PO Box not acceptable)

Suite, Apt. #, etc.

City, State EUSTIS, FL

ATTACHMENT

40109500

Zip Code & Country

32727

US

106 000000 4873

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title

CEO

Name (Last, First, Middle, Title)

MCTIER

, JOYCE

, M

- OR -

Entity Name to serve as Officer/Director

Street Address

717 LIBERTY ST.

City, State

EUSTIS

, FL

Zip Code & Country

32727

Name And Address #2

Title

VP

Name (Last, First, Middle, Title)

BURLEY

, EUGENE

, DR

- OR -

Entity Name to serve as Officer/Director

Street Address

3925 BRANCH AVE

City, State

MOUNT DORA

, FL

Zip Code & Country

32757

Name And Address #3

Title

D

Name (Last, First, Middle, Title)

KING COLONEL

, MARVIN

, K

- OR -

Entity Name to serve as Officer/Director

Street Address

1016 MCCORMICK STREET

City, State

LEESBURG

, FL

Zip Code & Country

34748

ATTACHMENT

Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

D

Officer/Director Signature

Cynthia M. Vary

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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