

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004873

FILED  
May 08, 2010  
Secretary of State

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

**Current Principal Place of Business:**

717 LIBERTY ST  
EUSTIS, FL 32727

**New Principal Place of Business:**

37711 CR 439  
EUSTIS, FL 32736

**Current Mailing Address:**

37711 CR 439  
EUSTIS, FL 32736

**New Mailing Address:**

37711 CR 439  
EUSTIS, FL 32736 US

**FEI Number:** 56-2581252      **FEI Number Applied For ( )**      **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:**

MCTIER, JOYCE M CEO  
717 LIBERTY ST  
EUSTIS, FL 32727 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:** CEO  
**Name:** MCTIER, JOYCE M  
**Address:** 717 LIBERTY ST.  
**City-St-Zip:** EUSTIS, FL 32727

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

**Title:** VP  
**Name:** MULLER, DR. ROLAND F  
**Address:** 50 ALLEN ROAD P.O. BOX 263  
**City-St-Zip:** SALT POINT, NY 12578

I hereby 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 all other like empowered.

SIGNATURE: JOYCE MCTIER

CEO

05/08/2010

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

\_\_\_\_\_  
Date