2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007709

Entity Name: SPARTANS OF LAKE COUNTY INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1305 BERWICK ST LESSBURG, FL 34748

Current Mailing Address: New Mailing Address:

1305 BERWICK ST LESSBURG, FL 34748

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

ALDERMAN, HERB 1305 BERWICK ST LEESBURG, FL 34748 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:

Flootropic Signature of Pogistored Agent

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 VP
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 WILLIAMS, RASHAD C SR
 Name:
 ALDERMAN, HERBERT L

 Address:
 2006 HIGH ST APT A1
 Address:
 1305 BERWICK DR

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:
 LEESBURG, FL 34748

Title: TRES () Delete Title: VP (X) Change () Addition

 Name:
 HALL, CINDY
 Name:
 WILLIAMS, RASHAD SR

 Address:
 2006 W HIGH ST APT A2
 Address:
 2006 HIGH ST APT A1

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:
 LEESBURG, FL 34748

Title: TRES () Change (X) Addition

Name: Name: HALL, CINDY

 Address:
 Address:
 2006 W HIGH ST APT A2

 City-St-Zip:
 City-St-Zip:
 LEESBURG, FL 34748

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: RASHAD WILLIAMS VP 05/01/2008