

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005175

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: LAKE COUNTY SPORTS COMMISSION, INC

## Current Principal Place of Business:

17526 COBBLESTONE LANE  
CLERMONT, FL 34711

## New Principal Place of Business:

## Current Mailing Address:

17526 COBBLESTONE LANE  
CLERMONT, FL 34711

## New Mailing Address:

FEI Number: 26-3598246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, BRET  
BRET JONES PA  
700 ALMOND STREET  
CLERMONT, FL 34711 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: D ( ) Delete  
Name: BLANKENSHIP, SCOTT  
Address: 17626 COBBLESTONE LANE  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: ELSWICK, SHANNON  
Address: 12903 MAGNOLIA POINTE BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: FERNANDEZ, TONY  
Address: 17504 COBBLESTONE LANE  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: BLANKENSHIP, CATHY  
Address: 17526 COBBLESTONE LANE  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: JONES, BRET  
Address: 700 ALMOND STREET  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: JONES, JON  
Address: 720 ALMOND STREET  
City-St-Zip: CLERMONT, FL 34711

## 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:

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 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: SCOTT BLANKENSHIP

DIR

04/09/2009

Electronic Signature of Signing Officer or Director

Date