

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009909

FILED
Jan 29, 2009
Secretary of State

Entity Name: LAKE COUNTY NUTRITION ASSOCIATION, INC.

Current Principal Place of Business:

509 SOUTH PALM AVENUE
HOWEY-IN-THE-HULLS, FL 34737

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 42
HOWEY-IN-THE-HILLS, FL 34737 FL

New Mailing Address:

509 SOUTH PALM AVENUE
HOWEY-IN-THE-HULLS, FL 34737

FEI Number: 59-2446885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCGORMAN, KELLI K
19844 WIYGUL ROAD
UMATILLA, FL 32784 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: P () Delete
Name: MCGORMAN, KELLI K
Address: 19844 WIYGUL ROAD
City-St-Zip: UMATILLA, FL 32784

Title: P () Delete
Name: MCLENDON, SANDY K P-ELECT
Address: 405 MISSON LANE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: T () Delete
Name: BORDERS, SALLY
Address: 36202 COUNTY RPAD 439
City-St-Zip: EUSTIS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCGORMAN, KELLI K PRES.
Address: 19844 WIYGUL ROAD
City-St-Zip: UMATILLA, FL 32784

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

Title: T (X) Change () Addition
Name: BORDERS, SALLY TREAS.
Address: 36202 COUNTY RD 439
City-St-Zip: EUSTIS, FL 32736

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: KELLI K. MCGORMAN

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date