

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009909

**FILED**  
**Feb 22, 2010**  
**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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

FEI Number: 59-2446885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGORMAN, KELLI K  
19844 WIYGUL ROAD  
UMATILLA, FL 32784 US

**Name and Address of New Registered Agent:**

BORDERS, SALLY E TREAS.  
36202 COUNTRY RD. 439  
EUSTIS, FL 32736 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: SALLY E. BORDERS

02/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MAY, LINDA S PRES.  
Address: 45933 MICHICAN RD.  
City-St-Zip: ALTOONA, FL 32702

Title: P  
Name: HICKS, CELESTE P-ELECT  
Address: 3548 CAPLAND AVE.  
City-St-Zip: CLEREMONT, FL 34711

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

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: SALLY E. BORDERS

TREA

02/22/2010

Electronic Signature of Signing Officer or Director

Date