


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90036 007 ****61.25

DOCUMENT # N11116					
1. Entity Name LAKES EDUCATION/ACTION DRIVE, INC.					
Principal Place of Business 2 EAST LAKE HOWARD DRIVE WINTER HAVEN, FL 33881 US			Mailing Address P O BOX 7607 LAKELAND, FL 33807-7607 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01112006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2741774	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTINEZ, JOHNNA 2 EAST LAKE HOWARD DR. WINTER HAVEN, FL 33881				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REIGNER, WALT		NAME		
STREET ADDRESS	PO BOX 5467		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33807		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENNINGS, THOMAS E.		NAME		
STREET ADDRESS	TWO EAST LAKE HOWARD DR		STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 338813153		CITY - ST - ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, JOHNNA		NAME		
STREET ADDRESS	PO BOX 7607		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33807		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OTHOSON, HOWARD R		NAME		
STREET ADDRESS	17 ENCLAVE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 33884		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Johnna Martinez</i> (Johnna M. Martinez) 1-17-06 221-5323					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					