## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Aug 08, 2005 8:00 am Secretary of State **DOCUMENT # N20873** 08-08-2005 90046 020 \*\*\*\*70 00 CARÉ DIVERSIFIED OF LAKE COUNTY, INC. Principal Place of Business Mailing Address 35201 RADIO RD 35201 RADIO RD LEESBURG, FL 34788 US LEESBURG, FL 34788 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012005 Cha-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-2808772 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASKEW, JOHN **35201 RADIO RD** Street Address (P.O. Box Number is Not Acceptable) LEESBURG, FL 34788 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) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be П Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TRUASCOR (TD) TD Delete MLE TITLE Lichange P Addition PATLAND PIXLEY, TOM MAME NAME 35201 RADIO Rd **5025 GREENBRIAR TRAIL** STREET ADDRESS STREET ADDRESS CITY-ST-7E LEESBURG, FL 34788 CITY-ST-7IP PO TITLE ☐ Delete TITLE Change ■ Addition FISH, CARRIE MAME NAME 1681 EDGEWATER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-ZIP CEO TITLE ☐ Delete TITLE ☐ Change ☐ Addition ASKEW, JOHN NAME **35201 RADIO RD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition IIILE FISHER, NEIL NAME NAME 9800 US HWY 441 STREET ADDRESS STREET ADDRESS LEESBURG, FL 34788 CITY-ST-7P CCTY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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