

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90133 018 \*\*\*\*61.25

0014397

**DOCUMENT # N24182**

1. Corporation Name

**LAKE CARE SYSTEMS, INC.**

Principal Place of Business

**445 WATERMAN AVENUE  
MOUNT DORA FL 32757**

Mailing Address

**445 WATERMAN AVENUE  
MOUNT DORA FL 32757**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip Country

29

30

3. Date incorporated or Qualified

**12/22/1987**

4. FEI Number

**59-2867652**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**LEIGH, RICHARD A  
1801 LEE RD  
STE 360  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCS** ☐ DELETE  
NAME **LEIGH, RICHARD A**  
STREET ADDRESS **1801 LEE RD, STE 360**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **TD** ☐ DELETE  
NAME **MCDONALD, ANDY PASTOR**  
STREET ADDRESS **FLORIDA HOSPITAL-SDA CHURCH, 2800 N. ORANG**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **AS** ☐ DELETE  
NAME **STEWART, BRADLEY T**  
STREET ADDRESS **445 WATERMAN AVENUE**  
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **VSD** ☐ DELETE  
NAME **CARUBBA, HENRY J**  
STREET ADDRESS **1672 SWEETWATER WEST CIRCLE**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **ASD** ☐ DELETE  
NAME **SCHMIDT, HAROLD H**  
STREET ADDRESS **2201 WEST LAKE BRANTLEY DRIVE**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **ASD**  
6.3 STREET ADDRESS **Thompson, Royce**  
6.4 CITY-ST-ZIP **1920 Edgewater Drive  
Mount Dora, FL 32757**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99  
Date

352-383-0051  
Daytime Phone #

CR2E037 (11/98)