


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90137 037 ****61.25

DOCUMENT # N26328

1. Entity Name
THE LAKE BROOKLYN CIVIC ASSOCIATION, INC.



Principal Place of Business
**6574 BROOKLYN BAY ROAD
P O BOX 1957
KEYSTONE HEIGHTS FL 32656**

Mailing Address
**6574 BROOKLYN BAY ROAD
P O BOX 1957
KEYSTONE HEIGHTS FL 32656**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2857724**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CAMPBELL, OLEN
6479 IMMOKALEE RD
KEYSTONE HGHTS. FL 32656**

7. Name and Address of New Registered Agent

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 *Olen K Campbell* - **OLEN K. Campbell - PRES - 3-12-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V MOODY, C.E. 6574 BROOKLYN BAY RD KEYSTONE HGTS. FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D HAYHURST, J. G 6015 KLARE DR. KEYSTONE HEIGHTS FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete S HAYS, MIRA 1805 EMORY CIR. S. JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D DUNN, SAMUEL O 4651 HEADLEY ST JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D HICKEN, DORIS 4793 LANNIE RD. JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D OWENS, C W 6520 WOODLAND DR KEYSTONE HGTS. FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PRES. CAMPBELL - OLEN K. 6479 IMMOKALEE RD. KEYSTONE HGTS. FLA - 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Treas - FARBER, Webb 7193 Pleasant Pt Rd KEYSTONE HGTS, FLA. 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Sec'y Judy Baumgardner 6809 Immokalee Rd. KEYSTONE HGTS. FLA - 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Director Nelson, Ed 6630 Woodland Dr. KEYSTONE HGTS, FLA - 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Olen K Campbell* **3-12-03 352-473-8281**

CR2E037 (10/02)