


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90040 006 \*\*\*\*61.25

<b>DOCUMENT # N30076</b> 1. Entity Name <b>FRIENDS OF THE LAKE COUNTY HORTICULTURAL LEARNING CENTER, INC.</b>					
Principal Place of Business <b>LAKE COUNTY AGRICULTURAL CENTER 30205 STATE ROAD 19 TAVARES, FL 32778-4299</b>			Mailing Address <b>LAKE COUNTY AGRICULTURAL CENTER 30205 STATE ROAD 19 TAVARES, FL 32778-4299</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2986543</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GUCH, SUSAN 933 N ALEXANDER STREET MOUNT DORA, FL 32757</b>				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: <u><i>Susan B. Guch</i></u> <span style="float: right;">1/15/04</span> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GAUT, CARLA</b> <b>1419 BEVERLY POINT ROAD</b> <b>LEESBURG, FL 34748</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>STRAUSS, JOAN</b> <b>3948 CACTUS LANE</b> <b>MOUNT DORA, FL 32757</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENLEY, RICHARD</b> <b>690 CAMELLIA STREET</b> <b>MT. DORA, FL</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GUCH, SUSAN</b> <b>933 N ALEXANDER STREET</b> <b>MOUNT DORA, FL 32757</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HIPSLEY, SUDI</b> <b>6616 TUSCAWILLA DR</b> <b>LEESBURG, FL 34748</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Briney, William</i> <b>26539 Wimbledon St</b> <b>Leesburg, FL 34748</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" 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: <u><i>Susan B. Guch</i></u>		1/15/04		352-343-4101	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	