2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #N30076

1. Entity Name
FRIENDS OF THE LAKE COUNTY HORTICULTURAL



LEARNING CENTER, INC.										
LAKE COUNTY AGRICULTURAL CENTER LAK 30205 STATE ROAD 19 302		30205 STATE ROAD 19	LAKE COUNTY AGRICULTURAL CENTER		! ATTA SA					
2. Principal Place of Business 3. Ma		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01092006	Chg-NP	CR2E03	7 (11/05)		
City & State		City & State	City & State		4. FEI Number 59-2986			<u> </u>	plied For at Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New	Registered A	gent		
GUCH, SUSAN				Name Street Address (P.O. Box Number is Not Acceptable)						
	XANDER STREET ORA, FL 32757		Sileet Au	Juless (I	Box Number	is Not Accepta	····			
			City			. ,	FL	Zip Code	e	
	named entity submits this statement for	er the purpose of changing its re	gistered office or	register	ed agent, or both	, in the State of	Florida. I am fa	amiliar with,	and accept	
the obligat	tions of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent	and tale if applicable. (NGTE: F	Registered Agent signatus	re required	when reinstating)		DATE			
						1				
	Filing Fee is \$61.25	9. Election Camp		_	\$5.00 May Be	,	Make check	payable t	0	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		Make check orida Depart			
10.		Trust Fund Co				FI	orida Depart	ment of Si	tate	
TITLE	OFFICERS AND DIE	Trust Fund Co	ntribution. {		Added to Fees	FI	orida Depart	ment of Si	tate	
TITLE	OFFICERS AND DIE V STRAUSS, JOAN	Trust Fund Co	ntribution. { 11. IIILE NAME		Added to Fees	FI	orida Depart	ment of SI	tate	
TITLE NAME STREET ADDRESS	OFFICERS AND DIE V STRAUSS, JOAN 3948 CACTUS LANE	Trust Fund Co	TILE NAME STREET ADDRESS		Added to Fees	FI	orida Depart	ment of SI	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE V STRAUSS, JOAN 3948 CACTUS LANE MOUNT DORA, FL 32757	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Added to Fees	FI	orida Depart	Change	tate 10 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIE V STRAUSS, JOAN 3948 CACTUS LANE MOUNT DORA, FL 32757 SD GUCH, SUSAN	Trust Fund Co	11. TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME		Added to Fees	FI	orida Depart	Change	tate 10 Addition	
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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 any address, with all other like empowered.

SIGNAT	URE:
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Hipshy SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2006

Deze Daytime Phone #

FILED

Jan 23, 2006 8:00 am Secretary of State

01-23-2006 90037 010 ****61.25