

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30076

FILED
Jan 23, 2009
Secretary of State

Entity Name: FRIENDS OF THE LAKE COUNTY HORTICULTURAL LEARNING CENTER, INC.

Current Principal Place of Business:

LAKE COUNTY AGRICULTURAL CENTER
1951 WOODLEA RD.
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

LAKE COUNTY AGRICULTURAL CENTER
1951 WOODLEA RD.
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-2986543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUCH, SUSAN
933 N ALEXANDER STREET
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

HIPSLEY, SUDI
6616 TUSCAWILLA DR
LEESBURG, FL 34748 US

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.

SIGNATURE: SUDI HIPSLEY

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HIPSLEY, SUDI
Address: 6616 TUSCAWILLA DR
City-St-Zip: LEESBURG, FL 34748

Title: VPD () Delete
Name: GARDINEER, LEONA
Address: 23130 BROUWERTOWN RD
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: SD () Delete
Name: IRMINGER, VIOLET
Address: 4235 LAKESHORE DR
City-St-Zip: MOUNT DORA, FL 32757

Title: PD () Delete
Name: FOX, MARK
Address: 15916 ACRONE CIR
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUDI HIPSLEY

TD

01/23/2009

Electronic Signature of Signing Officer or Director

Date