## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N36531



**FILED** 

Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90189 009 \*\*\*\*61.25

INC.	OWN ACTION	CORPORATIO	N OF LAKE CITY	,							
124 N. MARION ST PO		Malling Address PO BOX 1824 LAKE CITY, FL 32056-1824 US			4 .	34.					
2. Principal Place of Business 3			3. Mailing Address							• • • • • • • • • • • • • • • • • • •	<u> </u>
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04142006	Chg-NP	CR	2E037 (11/05	)
City & State			City & State				4. FEI Number 59-298	er 6339			Applied For Not Applicable
Zip	Zip Country		Zip Cou		untry	5. Certificate of		of Status Desi	ired [	¢9.75 A	dditional
6. Name and Address of Current Registered Agent							7 Name and	Address of N	low Poglete		
<b>-</b>	o. realise and r	Address of Current No	Biorei en Meist		Name		7. Name and	Address of h	som ivefligre	and Affects	
	ER, CYNTHIA			Name							
	IAIN BLVD.				Street Addr	tress (P.	O. Box Numb	er is Not Acce	ptable)		
LAKE CIT	Y, FL 32055										
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					City					FL   Zip Co	xae
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			e purpose of changing i	ts register	ed office or re	egisterec	d agent, or bo	th, in the State	of Florida.	I am familiar wit	h, and accept
	tions of registered a		ne purpose of changing i	ts register	ed office or req	egistered	d agent, or bot	th, in the State	of Florida.	I am familiar wit	h, and accept
the obligat	tions of registered a		e purpose of changing	ts register	ed office or reg	egistered	d agent, or bo	th, in the State	of Florida.	I am familiar wit	h, and accept
	tions of registered a			_	ed office or report and Agent algorithms in			th, in the State	<b>.</b> -	I am familiar wit	th, and accept
the obligat	tions of registered a	agent.		OTE: Registere	ed Agent signature n	required wh	hen reinstating)		+ <del>-</del>	-,	
the obligat	tions of registered a	agent.  do name of registered agent and	othe if approache. (N	OTE: Registere	ed Agent signature n	required wh		de l	Make c	ATE	
the obligat	Signature, typed or printe	agent.  do name of registered agent and	9. Election C	OTE: Registere	ed Agent signature n	required wf	hen reinstating)  55.00 May B  dded to Fees	de .	Make c	heck payable	to State
the obligat	Signature, typed or printe	agent.  Indicate the second agent and second agent age	9. Election C	OTE: Registere ampaign F	ad Agent signature n	required wf	hen reinstating)  55.00 May B  dded to Fees	de .	Make c	heck payable	to State
signature	Signature, typed or printe Filling Fee is: Due by May 1	signers.  3d name of registered agent and \$61.25 1, 2006  OFFICERS AND DIRECT	9. Election C Trust Fund	ampaign F Contribut	ed Agent signature n	required wf	hen reinstating)  55.00 May B  dded to Fees	de .	Make c	heck payable epartment of	to State
SIGNATURE  10.  TITLE NAME STREET ADDRESS	Signature, typed or printe Filling Fee is: Due by May 1  D  MEARS, DENIS 124 N MARION	signers.  \$61.25  1, 2006  OFFICERS AND DIRECTED SE	9. Election C Trust Fund	ampaign F Contribut 11. TITL NAM STRI	and Agent signature in Financing cition.	required wf	hen reinstating)  55.00 May B  dded to Fees	de .	Make c	heck payable epartment of	to State
SIGNATURE  10.  IIILE NAME	Streams, typed or printe Filling Fee is: Due by May 1  D  MEARS, DENIS	signers.  \$61.25  1, 2006  OFFICERS AND DIRECTED SE	9. Election C Trust Fund	ampaign F Contribut 11. TITL NAM STRI	and Agent signature in Financing lion.	required wf	hen reinstating)  55.00 May B  dded to Fees	de .	Make c	heck payable epartment of	to State
SIGNATURE  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printe Filling Fee is: Due by May 1  D MEARS, DENIS 124 N MARION LAKE CITY, FL	\$61.25 I, 2006 OFFICERS AND DIRECTED IN ST. 32055	9. Election C Trust Fund	ampaign Fill Contribution ITIL	and Agent signature in Financing Elion.	required wf	hen reinstating)  55.00 May B  dded to Fees	de .	Make c	heck payable epartment of	o to State IN 10
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SIGNATURE  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printe Filling Fee is: Due by May 1  D MEARS, DENIS 124 N MARION LAKE CITY, FL T BUSSCHER, C 201 N. MARION	\$61.25  , 2006  OFFICERS AND DIRECTORS.  SE I ST 32055  EYNTHIA N ST SUITE 301	9. Election C Trust Fund	ampaign Fi Contribut  11.  ITIL NAW STRI NAW STRI	and Agent signature in Financing Cition.	required wf	hen reinstating)  55.00 May B  dded to Fees	de .	Make c	heck payable epartment of DIRECTORS	o to State IN 10
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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 an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

CAMPBELL, HARVEY

LAKE CITY, FL 32056

PO BOX 1847

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

> <u>ws</u>ocher SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition