

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MEMBERSHIP AMOUNT DUE TO MEMBERSHIP: \$153)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37113 (0)

1. Corporation Name

LAKE CENTER CHILD MANAGEMENT, INC.

Principal Place of Business

Mailing Address

% GERALD A. TSCHIDA
3200 LAKE CENTER DRIVE, P.O. BOX 1005
MOUNT DORA FL 32757-2300

% GERALD A. TSCHIDA
3200 LAKE CENTER DRIVE, P.O. BOX 1005
MOUNT DORA FL 32757-2300

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1990

3a. Date of Last Report

07/11/1994

4. FBI Number

59-2997711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TSCHIDA, GERALDINE A.
3200 LAKE CENTER DRIVE
MOUNT DORA FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Geraldine A. Tschida

(NOTE: Registered Agent signature required when reinstating)

DATE

8/2/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME TSCHIDA, GERALDINE A.
STREET ADDRESS 2341 AMHERST LANE 3200
CITY - ST - ZIP MOUNT DORA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

3200 LAKE CENTER DRIVE

TITLE D
NAME TSCHIDA, WILLIAM R.
STREET ADDRESS 2341 AMHERST LANE
CITY - ST - ZIP MOUNT DORA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3200 LAKE CENTER DRIVE

TITLE D
NAME TSCHIDA, SHIRLEY A.
STREET ADDRESS 3401 CALGORY LANE
CITY - ST - ZIP MOUNT DORA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Geraldine A. Tschida
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

8/2/95

904-383-6075