

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39701

FILED
Jan 25, 2005
Secretary of State

Entity Name: SOUTHLAKE COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

16554 CROSSINGS BLVD.
STE. 4
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

16554 CROSSINGS BLVD.
STE. 4
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3033705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAS, WILLIAM J ESQ.
2215 RIVER BLVD.
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAGAN, JEFFREY
Address: 3856 OAKTON
City-St-Zip: SKOKIE, IL 60076

Title: VPD () Delete
Name: MURPHEY, THOMAS J
Address: 19535 GULF BLVD., SUITE A
City-St-Zip: INDIAN SHORES, FL 33785

Title: SD () Delete
Name: ZIMMERMANN, ANDREA K
Address: 734 AVENIDA CUARTA, #101
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: JASENOF, IAN DR.
Address: 3856 OAKTON
City-St-Zip: SKOKIE, IL 60076

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 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 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: JEFFREY CAGAN

PD

01/25/2005

Electronic Signature of Signing Officer or Director

Date