

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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DOCUMENT # N50054 (8)

1. Corporation Name

SILENT NEIGHBORS OF LAKE COUNTY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 70
TAVARES FL 32778

P.O. BOX 70
TAVARES FL 32778

3. Date Incorporated or Qualified
07/27/1992

3a. Date of Last Report
05/01/1995

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

GOODMAN ZOANN
31849 BLANTON LN
TAVARES FL 32778

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ALVERSON, JULIE
STREET ADDRESS
34847 FIRST AVE
CITY-ST-ZIP
LEESBURG FL

TITLE ☒ DELETE

NAME
SAMPLES, RUBY
STREET ADDRESS
P.O. BOX 165
CITY-ST-ZIP
ALTOONA FL

TITLE ☐ DELETE

NAME
HUNTER, BETTY
STREET ADDRESS
13 KEY LARGO WAY
CITY-ST-ZIP
LEESBURG FL

TITLE ☐ DELETE

NAME
HASLETT, MARGARET
STREET ADDRESS
35443 ORANGE GROVE LANE
CITY-ST-ZIP
LEESBURG FL

TITLE ☐ DELETE

NAME
GOODMAN, ZOANN
STREET ADDRESS
31849 BLANTON LANE
CITY-ST-ZIP
TAVARES FL 32778

TITLE ☐ DELETE

NAME
LEE, GEORGE
STREET ADDRESS
3033 MYAKKA RIVER RD.
CITY-ST-ZIP
TAVARES FL 32778

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
Alverson, Julie
1.3 STREET ADDRESS
34847 First Ave.
1.4 CITY-ST-ZIP
Leesburg, Fl. 34788

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME
Virginia Lee
2.3 STREET ADDRESS
3033 Myakka River Rd.
2.4 CITY-ST-ZIP
TAVARES, FL. 32778

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
Hunter, Betty
3.3 STREET ADDRESS
13 Key Largo Way
3.4 CITY-ST-ZIP
Leesburg, Fl. 34748

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
Haslett, Margaret
4.3 STREET ADDRESS
35443 Orange G
4.4 CITY-ST-ZIP
Leesburg, Fl. 34748

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
TR/D Goodman Zoann
5.3 STREET ADDRESS
31849 Blanton Lane
5.4 CITY-ST-ZIP
TAVARES, FL. 32778

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
Lee, George
6.3 STREET ADDRESS
3033 Myakka River Rd.
6.4 CITY-ST-ZIP
TAVARES, FL. 32778

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 119.07(3)(k), 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:

Zoann Goodman Zoann Goodman 2-1-96 (352) 343-5034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(TDD)

CR2E037 (12/95)

Pg 292

V

Traugh, Marion
3001 Javens Circle #12
Mt. Dora, Fl. 32757

S

Marion Walker
600 Oak Terrace Dr. #C-25
Leesburg, Fl. 32748

T

Insun Shields
25352 SE Hwy 42
Umatilla, Fl. 32784