


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 32778-0070



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/27/1992</b>	3a. Date of Last Report <b>04/30/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3121653</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVERSON, JULIE		1.2 NAME		
STREET ADDRESS	34847 FIRST AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	LEESBURG FL		1.4 CITY - ST - ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIRGINIA LEE		2.2 NAME		
STREET ADDRESS	3033 MYAKKA RIVER RD		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAVARES FL		2.4 CITY - ST - ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, BETTY		3.2 NAME		
STREET ADDRESS	13 KEY LARGO WAY		3.3 STREET ADDRESS		
CITY - ST - ZIP	LEESBURG FL		3.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HASLETT, MARGARET		4.2 NAME		
STREET ADDRESS	35443 ORANGE GROVE LANE		4.3 STREET ADDRESS		
CITY - ST - ZIP	LEESBURG FL		4.4 CITY - ST - ZIP		
TITLE	TRD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODMAN, ZOANN		5.2 NAME		
STREET ADDRESS	31849 BLANTON LANE		5.3 STREET ADDRESS		
CITY - ST - ZIP	TAVARES FL		5.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, GEORGE		6.2 NAME		
STREET ADDRESS	3033 MYAKKA RIVER RD.		6.3 STREET ADDRESS		
CITY - ST - ZIP	TAVARES FL		6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 3-26-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014798

CR2E037 (9/96)

JP

John Foskett  
1640 E. Harwood St.  
Orlando, Fl. 32803

S

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

TR

Marion Traugh  
488 Honeysuckle Dr.  
Fruitland Park, Fl. 34731