FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 18 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

SIGNATURE:

N50054

(8)

Mailing Address

SILENT NEIGHBORS OF LAKE COUNTY, INC.

P.O. BOX 70 Tavares Fl 32	2778	P.O. BOX 70 TAVARES FL 32778				3. Date Incorporated or Qualified				
THEN I COLLEGE		THE SECTION OF THE SE			07/27/1992					
						4. FEI Number			plied For	
2 Principal P	lone of Rusiners	2a. Mailing Address				59-3121653		Not Applicable		
_						5. Certificate of Status Desired		3.75 A Fee Rø	Additional	
Suite, Apt.	# etc	Suite Apt # etc	Suite, Apt #, etc.			6. Election Campaign Financing				
22	7, 500	├ ──	27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State	9	City & State				7. Is this nonprofit corporation a homeow				
23		28				Yes	-		"	
Zip	Country	Zip	c	ountry		8. This corporation owes or has paid the	current y	ear Int	angible	
24	25	29	30			Personal Property Tax due June 30.	Yet		No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	ed Agen	<u> </u>		
				B1	Name					
GOODMAN ZOANN					82 Street Address (P.O. Box Number is Not Acceptable)					
31849 BLANTON LN										
TAVARES FL 32778										
				84	City		85	Zip (Code	
							FL **	<u> </u>		
11. Pursuant t	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statu of Florida, Such change was	ites, the authoria	above-r It vd bes	named co ne corpor	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	e of char	iging it: ent as	s registered 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 _										
12.	Signature, typed or printed name of registered age OFFICERS ANI		ITE: Registe		signature req	uired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A		CTOR	S IN 12	
TITLE	D	DELETE		TITLE	7	R _ :		hange	Addition	
NAME	ALVERSON, JULIE	LACOTEC		NAME	فا	uweson Jolie	4.4	, ango	1,000,001	
STREET ADDRESS	34847 FIRST AVE			STREET AD	12	MBUT FIRST ALL				
CITY-ST-ZIP	LEESBURG FL			CITY-ST-		easburg, Fl. 34788				
TITLE	VP	DELETE.		TITLE	SIF V	IPD		hange	Addition	
NAME	VIRGINIA LEE	—		NAME				•		
STREET ADDRESS	3033 MYAKKA RIVER RD			STREET AD	ORESS 🕽	que Kegan 405 withona Alle.				
CITY-ST-ZIP	TAVARES FL	_		4 CITY-ST-	17	eesburg, A. 34748				
TITLE	P	DELFTE		TITLE	7	DD	IX 0	hange	Addition	
NAME	HUNTER, BETTY	,	32	NAME	15	perv. Jason	•			
STREET ADDRESS	13 KEY LARGO WAY		3.3	STREET AD	DRESS 3	bery Jason 18833 mountage Rd.				
CITY-ST-ZIP	LEESBURG FL		3.4	. CITY-ST-	ZIP L	cdy law, 61. 32159			1	
TITLE	D	DELETE	_	TITLE	-		X .0	hange	Addition	
NAME	HASLETT, MARGARET	•	4.3	2 NAME						
STREET ADDRESS	35443 ORANGE GROVE LANE		4.3	STREET AD	nnego M	INCO FITHER PLOKE IN				
CITY-ST-ZIP	LEESBURG FL		4.4	CITY-ST-		orlando, Fl. 32828				
TITLE	TD	DELETE	51	TITLE				hange	☐ Addition	
NAME	GOODMAN, ZOANN		5.2	NAME	- 1					
STREET ADDRESS	31849 BLANTON LANE		5.3	STREET AD	DRESS				-	
CITY - SI - ZIP	TAVARES FL		5.4	CITY-ST-	ZIP					
TITLE	TRD	DELETE	6.1	TITLE	Ĩ)	IX 0	hange	Addition	
NAME	LEE, GEORGE		6.2	NAME	I.C	ee George River Kd.				
STREET ADORESS	3033 MYAKKA RIVER RD.		6.3	STREET AD	ORESS 3	1035 myakka kivek ka.				
CITY-ST-ZIP	TAVARES FL			CITY-ST-	ZIP 1	Tavares, 61, 32778				
14. I hereby o	certify that the information supplied w	ith this filing does not qualify	for the e	exemptio	n stated i	in Section 119.07(3)(i), Florida Statutes. I furthe	r certify ti	nat 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.										

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Swetten colley porchid Dr. Fruitland Pant, Fl. 34731

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