

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50054

FILED
Apr 26, 2006
Secretary of State

Entity Name: SILENT NEIGHBORS OF LAKE COUNTY, INC.

Current Principal Place of Business:

PO BOX 911
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 911
TAVARES, FL 327780911

New Mailing Address:

FEI Number: 59-3121653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN ZOANN
31849 BLANTON LN
TAVARES, FL 32778 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: T () Delete
Name: TICE, SANDRA
Address: 321 MARINO DRIVE
City-St-Zip: LADY LAKE, FL 32159

Title: TRD () Delete
Name: KEGAN, FAYE
Address: 2405 WINONA AVE
City-St-Zip: LEESBURG, FL 34748

Title: S () Delete
Name: JACKETT, FAYE
Address: 2301 SW 7TH AVE
City-St-Zip: OCALA, FL 34474

Title: PD () Delete
Name: GOODMAN, ZOANN
Address: 31849 BLANTON LANE
City-St-Zip: TAVARES, FL 32778

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: TACKETT, FAYE
Address: 35 SPRING LOOP
City-St-Zip: OCALA, FL 34472

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: CASE, TAMMY
Address: PO BOX 501
City-St-Zip: MASCOTTE, FL 34753

Title: VPD () Change (X) Addition
Name: TACKETT, HERB
Address: 35 SPRING LOOP
City-St-Zip: OCALA, FL 34472

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ZOANN GOODMAN

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date