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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:03

DOCUMENT # N93000001423 (3)

1. Corporation Name
LAKE COUNTY ASSOCIATION OF SCHOOL ADMINISTRATORS , INC.

Principal Place of Business	Mailing Address
1693 12TH ST CLERMONT FL 34711 US	1693 12TH ST CLERMONT FL 34711 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1993	3a. Date of Last Report: 07/12/1994
4. FEI Number: NOT APPLICABLE	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 1693 12th St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Clermont, Fl
24 Zip / 25 Country	29 Zip 34711 / 30 Country Lake

9. Name and Address of Current Registered Agent

JUDSON, STEPHEN H
1009 N 14TH ST
LEESBURG FL 34748

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PAULEY, EDWARD R	12 NAME	
STREET ADDRESS	1693 12TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	14 CITY-ST-ZIP	
TITLE	TSD	21 TITLE	☐ Change ☐ Addition
NAME	YOUNG, MELANIE	22 NAME	
STREET ADDRESS	41708 CATBRIER LN	23 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	24 CITY-ST-ZIP	
TITLE	PED	31 TITLE	☐ Change ☐ Addition
NAME	HATFIELD, JERRY	32 NAME	
STREET ADDRESS	BOX 443 NA	33 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, CARMEN	42 NAME	
STREET ADDRESS	1641 2ND ST	43 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GALBREATH, PATRICK	52 NAME	
STREET ADDRESS	28105 LEUTY RD	53 STREET ADDRESS	
CITY-ST-ZIP	OKAHUMPKA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HASKINS, PAUL	62 NAME	
STREET ADDRESS	11300 LANE PK RD	63 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	64 CITY-ST-ZIP	

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)(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: Edward R. Pauley Edward R. Pauley 3/26/95 904-394-3654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0084701