

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90086 036 ****61.25

DOCUMENT # N94000002057 (7) ✓
1. Corporation Name

SHARE-A-HOME of LAKE COUNTY, INC.

Principal Place of Business

Mailing Address

1242 N. Alexander St.
Mount Dora, FL 32757
US

1242 N. Alexander St.
Mount Dora, FL 32757
US

2. Principal Place of Business

2a. Mailing Address

21 1242 N. Alexander ST.
Suite, Apt. #, etc.

26 1242 N. Alexander St.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/26/1994

22 City & State

27 City & State

4. FEI Number

59-3249622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMMELL, LUCY
1242 N. Alexander St.
Mount Dora, FL 32757

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 is applicable

(NOT Registered Agent signature required when reinstating)

DATE

4/4/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V.D. ☐ DELETE
NAME HUMMELL, LUCY
STREET ADDRESS 1242 N. AlexanderrSt.
CITY-ST-ZIP Mount Dora, FL 32757

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE RD ☐ DELETE
NAME MANAUSA, MRS. LEE
STREET ADDRESS 235 Palo Verde Drive
CITY-ST-ZIP Leesburg, FL 34748

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME SCHMIDT, ROSALIE-DAU
STREET ADDRESS 206 Jacaranda Drive
CITY-ST-ZIP Leesburg, FL 34748

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME THURMOND, ALICE
STREET ADDRESS 42021 W. Lakeview Dr.
CITY-ST-ZIP Altoona, FL 32702

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME BEDSOLE, BETTY J.
STREET ADDRESS 175 Shorewood Dr.
CITY-ST-ZIP Tavares, FL 32778

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COLEMAN, ELIZABETH
STREET ADDRESS 41420 Sunshine Avenue
CITY-ST-ZIP Umatilla, FL 32784

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Betty J. Bedsole - TREASURER/DIRECTOR 04/02/99 (352)343-0647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)