


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90017 005 ****61.25

DOCUMENT # N94000002057 1. Entity Name SHARE-A-HOME OF LAKE COUNTY, INC.					
Principal Place of Business 1242 N ALEXANDER ST MOUNT DORA, FL 32757 US			Mailing Address 1242 N ALEXANDER ST MOUNT DORA, FL 32757 US		
2. Principal Place of Business 202 Fearon Ave. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 692 Suite, Apt. #, etc.			
City & State Mount Dora, FL Zip Country 32757 USA		City & State Mount Dora, FL Zip Country 32757 USA		4. FEI Number 59-3249622 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01222004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent HUMMELL, LUCY 1242 N ALEXANDER ST MOUNT DORA, FL 32757			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUMMELL, LUCY 1242 N ALEXANDER ST MOUNT DORA, FL 32757 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEDSOLE, BETTY 501 W OLD US HWY 441 #C401 MOUNT DORA, FL 32757 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLANT, LYNN D 1951 ARBOR WAY MT. DORA, FL 32757 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THURMOND, A 42021 W LAKEVIEW DR ALTOONA, FL 32702 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, CECIL 913 VASSAR DR EUSTIS, FL 32726 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, ELIZABETH 41420 SUNSHINE AVENUE UMATILLA, FL 32784 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ensign, Katharine 71 Orange Blossom Dr. Eustis, FL 32726 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Betty J Bedsole</u> BETTY J BEOSOLE <u>2/16/04</u> <u>352-383-9913</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					