


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90005 034 ****61.25

DOCUMENT # N94000002057		
1. Entity Name SHARE-A-HOME OF LAKE COUNTY, INC.		

Principal Place of Business 202 FEARON AVE. MOUNT DORA, FL 32757 US	Mailing Address P.O. BOX 692 MOUNT DORA, FL 32757 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40021391



01302006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUMMELL, LUCY 1242 N ALEXANDER ST MOUNT DORA, FL 32757		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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMMELL, LUCY			NAME			
STREET ADDRESS	1242 N ALEXANDER ST			STREET ADDRESS			
CITY-ST-ZIP	MOUNT DORA, FL 32757			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEDSOLE, BETTY			NAME			
STREET ADDRESS	501 W OLD US HWY 441 #C401			STREET ADDRESS			
CITY-ST-ZIP	MOUNT DORA, FL 32757			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLANT, LYNN D			NAME			
STREET ADDRESS	1951 ARBOR WAY			STREET ADDRESS			
CITY-ST-ZIP	MT. DORA, FL 32757			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THURMOND, A			NAME			
STREET ADDRESS	42021 W LAKEVIEW DR			STREET ADDRESS			
CITY-ST-ZIP	ALTOONA, FL 32702			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODS, CECIL			NAME			
STREET ADDRESS	913 VASSAR DR			STREET ADDRESS			
CITY-ST-ZIP	EUSTIS, FL 32726			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENSIGN, KATHARINE			NAME			
STREET ADDRESS	71 ORANGE BLOSSOM DR.			STREET ADDRESS			
CITY-ST-ZIP	EUSTIS, FL 32726			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Betty Bedsole BETTY BEDSOLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06
Date

352-383-9913
Daytime Phone #