2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2007 8:00 am Secretary of State

DOCUMENT # N9400002057 1. Entity Name SHARE-A-HOME OF LAKE COUNTY, INC.				0.0	3-05-2007 90	0064 013 ****61.2	25
Principal Place of Business 202 FEARON AVE. MOUNT DORA, FL 32757 US Mount DORA, FL 32757 Mailing Address P.O. BOX 692 MOUNT DORA, FL 32757			7 US			9 F.	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 501 W. OLD HWY 441 SAME AS AROVE				i suminimi usu fat	if Daeil ei uh Debi 11		
		SAME AS ABO Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (12/06)	
1 '		City & State	City & State		22)	plied For
MOUNT DORA, FI,		Zip	Zip Country			\$9.75	ot Applicable
3275	· ·			5. Certificate of	Status Desired	Fee Require	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Ac	idreas of New i	Registered Agent	
HUMMELL, LUCY			Name	16			
1242 N ALEXANDER ST MOUNT DORA, FL 32757				Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	e
The above named entity submits this statement for the purpose of changing its registered office.							
	tions of registered agent.	the pulpose of changing its in	ogistored onlog or r	ogistored agent, or born,	in the State Offi	Onca. Tam familia will,	and accept
SIGNATURE							
1	Signature, typed or printed name or registered agent to	and title if applicable. (NOTE:	Registered Agent signatur	e required when reinstating)		DATE	
	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing			Make check payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing entribution. [\$5.00 May Be Added to Fees	Fio	flake check payable t rida Department of S	tate
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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: BOHL BELLO BETT J. BEDS OLE TREASURER 3/2/07 352-383-9913

BIGNATURE: BOHL BELLO BETT J. BEDS OLE TREASURER 3/2/07 352-383-9913

Daylore Prome #