

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90192 026 \*\*\*\*61.25

**DOCUMENT # N95000001683**

1. Entity Name

**LORI EDWARDS' TEENS IN TALLAHASSEE, INC.**



Principal Place of Business

**11 5TH STREET SW  
WINTER HAVEN FL 33880  
US**

Mailing Address

**P.O. BOX 1858  
AUBURNDALE FL 33823  
US**

2. Principal Place of Business

**510 W. CENTRAL AVE**

3. Mailing Address

**P O BOX 7024**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WINTER HAVEN, FLA**

City & State

**LAKELAND, FLA**

Zip

**33880**

Country

**USA**

Zip

**33807-7024240**

Country

**USA**

4. FEI Number **59-3335550**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCASHAN, VAUGHN H  
11 5TH STREET SW  
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

Name **VAUGHN H. MCASHAN**

Street Address (P.O. Box Number is Not Acceptable)  
**510 W CENTRAL AVE**

City

**WINTER HAVEN,**

FL

Zip Code

**33880**

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

**FILE NOW: FEE IS \$61.25**

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

TITLE **SD** ☐ Delete  
NAME **HOWARD, KATHY**  
STREET ADDRESS **5115 FORESTGREEN DR. E.**  
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **CD** ☐ Delete  
NAME **MCASHAN, VAUGHN**  
STREET ADDRESS **PO BOX 820 N/A**  
CITY-ST-ZIP **WINTER HAVEN FL 33882**

TITLE **TD** ☐ Delete  
NAME **WALKER, BOB**  
STREET ADDRESS **100 10TH ST SOUTH**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☐ Delete  
NAME **ERNEST, ROBERT T**  
STREET ADDRESS **222 STATE ROAD 60 EAST**  
CITY-ST-ZIP **LAKE WALES FL 33859**

TITLE **D** ☐ Delete  
NAME **DAVIS, LINDA**  
STREET ADDRESS **7401 CYPRESS GARDENS BLVD**  
CITY-ST-ZIP **WINTER GARDEN FL 33888**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD** ☒ Change ☐ Addition  
NAME **MCASHAN, VAUGHN**  
STREET ADDRESS **510 W. Central Ave**  
CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Signature of Vaughn H. McAshan*

4/15/03

863-297-1344 opt 4

CR2E037 (10/02)