## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 10, 2008 8:00 am Secretary of State 05-09-2008 90012 035 \*\*\*\*61.25

DOCUMENT # N95000003198  1. Entity Name COMMUNITY FOUNDATION OF SOUTH LAKE COUNTY, INC.									05-09-2008	90012	035 ***	*61.25
1 <del>105 BONN</del> CLERMON <del>T,</del>		Mailing Address **P				66013964						
2. Principal F	ng Address											
Suite, Apt.		earch Dr	Suite, ADI. 1, etc.									
						04212008	Chg-NP	CR2E0	37 (12/06)			
City & Stat		City & State				4. FEI Number 59-33430	26		A	pplied For		
Zip Country			Zip Cox			intry	39-334		20			ol Applicable
34711-1964 NSA				ίŠΑ	5. Certificate of Status Desir		Status Desired	d Sec Required				
G. Name and Address of Current Registered Agent						Mana		7: Name and Ad	dress of New R	gistered	Agent	
BOYETTE, WADE						Name						-
GRAY ROBINSON 1635 EAST HWY 50						Street #	Address (I	P.O. Box Number is	Not Acceptable	)	-	
CLERMON	11				· · · · · · · · · · · · · · · · · · ·							
						City			<del>-</del>	E1	Zip Cod	le el
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 obligat	tions of register	ed agent.			109/3/0/		, register	ud agair, or borr, a	I PIE SIAIS UI FIU	ioa. ram	ianiman min'	and accept
· ·												
SIGNATURE	Signature, typed or	printed name @coolingered agent a	nd title 4 apple	ceble. (NOTE	: Plogniter e	Agent signs	ture required	when reinstating)		DATE		<del></del>
Filing Fee is \$64.25 9. Election Campi Due by May 1, 2008 Trust Fund Cor								\$5.00 May Be Added to Fees			payable to	
10.	OFFICERS AND DIR	11.		A	ODITIONS/CHANC	SES TO OFFICE	S AND DIS	PECTORS IN	10			
TITLE	PD			☐ Delets	TITLE	:			JEG TO GETTOE	0.000	☐ Change	☐ Addition
NAME STREET ADDRESS	HESSBURG 1679 ROSE		NAM CTRO			ET AODRESS				_		
CITY-ST-ZE	CLERMON'		CITY-									
TITLE	D CARTIER, I		Delete TITL			VPO	>		·· <u></u>	Change	Addition	
STREET ADDRESS	ER ADDRESS 1320 WEST LAKESHORE DRIVE				STREET	ET ADDRESS	ļ					- 1
CITY-ST-ZEP		T, FL 34711				ST-ZIP						
TITLE NAME	D LEE, STEVI	E		☐ Delete	TITLE		معا	مده مح	.1		Change	☐ Addition
STREET ADDRESS	698 W. HW					T ADDRESS	ععد	e, Stephen				
CITY-ST-2P	CLERMON	r, FL 34711 -			GAY-	ST-27-						ļ
TITLE NAME	D RICE, JEFF			Delete	TITLE		TD	)			(X) Change	Addition
STREET ADORESS	P.O. BOX 6				STREE	T ADDRESS					•	
CITY-\$T-ZIP	f .	ID, FL 34736				SI-ZP						
IIITE	D			☐ Delete	IITLE						Change	Addition
NAME STREET ADDRESS	HOGAN, KE				NAME		310	A	C-24		• •	
CITY-ST-ZIP	310 ALMON				٠,	ti address st-zip	310	ALMOND	STILLET			1
TITLE	SD			DS Delete	TITLE		SD				Change	Addition
KAME	LAW, JULIA			/· \	NAME		MD	M , Kach	ICHACL			٠,٠٠٠
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 5	57 8D, FL 34736			4	T ADDRESS ST-ZIP		19 5 hs i			re 15	}
12. I hereby o	certify that the in	nformation supplied with	this tiling d	loes not qualify for	the exer	motions or	i benintar	Chanter 119 Flor	dela Statutes I fo	34711	that the 1-1	
12. Hereby certify that the information supplied with this tiling does not quality 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: 8 4 21/08												
UIGIAI	ح داران	SIGNATURE AND PYPED OR PR	anter landez	W ME COFFEER	A DIRECTO	×			Date	De	ytime Phone s	