

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90083 047 \*\*\*\*70.00

**DOCUMENT # N96000000688**

1. Entity Name

**L.A. SOCIAL SERVICE CENTER, INC.**



Principal Place of Business

**#9 BETH STACEY BLVD.  
SUITE 203  
LEHIGH ACRES FL 33936**

Mailing Address

**P.O. BOX 1301  
LEHIGH ACRES FL 33970**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**65-0643862**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GOEHLE, LISA J  
502 EMPIRE AVE S  
LEHIGH ACRES FL 33936**

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

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  
Due By May 1, 2004**

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	<input type="checkbox"/> Delete
NAME	O'BRIAN, PAM	
STREET ADDRESS	1251 BUSINESS WAY	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	MCCLELLAN, JOHN	
STREET ADDRESS	1500 LEE BLVD	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VEALEY, PATTI	
STREET ADDRESS	311 LAKE AVE	
CITY-ST-ZIP	LEHIGH FL 33972	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUFF, MICHAEL	
STREET ADDRESS	PO BOX 278	
CITY-ST-ZIP	ALVA FL 33902	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BASS, MARK DEP	
STREET ADDRESS	9610 PALMETTO AVE	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	PEACOCK, COLE	
STREET ADDRESS	1653 PASSAGE LANE	
CITY-ST-ZIP	FORT MYERS FL 33901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN GANCHOW	
STREET ADDRESS	2610 ELVA PI	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL WELCH	
STREET ADDRESS	1923 GOLF SIDE VILLAGE DR	
CITY-ST-ZIP	LEHIGH FL 33972	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ANN HANCKMEISTER	
STREET ADDRESS	5111 WILLOW CT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL MAST	
STREET ADDRESS	30 DAWN FLOWER CIRCLE	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/03 239-369-6739