

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N96000004866 (7)**

1. Corporation Name

LAKE/SUMTER JOBS AND EDUCATION PARTNERSHIP, INC.

1801 Lee Road - Suite 205 - Winter Park, FL 32789

Principal Place of Business

Mailing Address

ECONOMIC DEVELOPMENT COMMISSION OF MID-FLA
200 EAST ROBINSON STREET - SUITE 600
ORLANDO FL 32801

ECONOMIC DEVELOPMENT COMMISSION OF MID-FLA
200 EAST ROBINSON STREET - SUITE 600
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 1801 Lee Road

2a. Mailing Address

26 1801 Lee Road

Suite, Apt. #, etc.

22 205

Suite, Apt. #, etc.

27 205

City & State

23 Winter Park, FL

City & State

28 Winter Park, FL

Zip

24 32789

Country

25 U.S.

Zip

29 32789

Country

30 U.S.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WERNER, PAT
200 EAST ROBINSON STREET
SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Gary J. Earl

82 Street Address (P.O. Box Number is Not Acceptable)

1801 Lee Road - Suite 205

83

84 City

Winter Park

FL

85 Zip Code
32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **BROWN, BARRY**
STREET ADDRESS **315 W. MAIN STREET**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ DELETE

NAME **GRIFFITH, TIMOTHY**
STREET ADDRESS **1801 W. GULF ATLANTIC HIGHWAY**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **D** ☐ DELETE

NAME **LEWIS, CHARLES**
STREET ADDRESS **107 BUSHNELL PLAZA #100**
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **D** ☒ DELETE

NAME **MORGAN, PRESTON**
STREET ADDRESS **2680 WC476**
CITY-ST-ZIP **BUSHNELL FL 33513-9401**

TITLE **D** ☒ DELETE

NAME **SANDERS, THOMAS**
STREET ADDRESS **201 W. BURLEIGH ROAD**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☒ DELETE

NAME **SCOTT, LOIS**
STREET ADDRESS **215 MARKET STREET #300**
CITY-ST-ZIP **JACKSONVILLE FL 32202-2851**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CFO** ☐ Change ☒ Addition

1.2 NAME **Alloy Leanim**
1.3 STREET ADDRESS **1801 Lee Road - Suite 205**
1.4 CITY-ST-ZIP **Winter Park, FL 32789**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

CR2E037 (4/97)