

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004866 (7)**
1. Corporation Name

LAKE/SUMTER JOBS AND EDUCATION PARTNERSHIP, INC.



Principal Place of Business 1801 LEE ROAD 205 WINTER PARK FL 32789 US	Mailing Address 1801 LEE ROAD 205 WINTER PARK FL 32789 US
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3. Date Incorporated or Qualified 09/19/1996	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent EARL, GARY J 1801 LEE ROAD SUITE 205 WINTER PARK FL 32789

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEENIM, ALLOY	1.2 NAME	
STREET ADDRESS	1801 LEE ROAD - SUITE 205	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, TIMOTHY	2.2 NAME	RAYMOND GILLEY
STREET ADDRESS	1801 W. GULF ATLANTIC HIGHWAY	2.3 STREET ADDRESS	40 SOUTH DEWEY STREET
CITY-ST-ZIP	WILWOOD FL 34785	2.4 CITY-ST-ZIP	EUSTIS FL 32726
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CHARLES	3.2 NAME	NANCY TAYLOR
STREET ADDRESS	107 BUSHNELL PLAZA #100	3.3 STREET ADDRESS	4962 CR 118
CITY-ST-ZIP	BUSHNELL FL 33513	3.4 CITY-ST-ZIP	WILWOOD FL 34785
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERLEY, RICHARD	4.2 NAME	ALEX OGILVIE III
STREET ADDRESS	2880 WC476	4.3 STREET ADDRESS	406 S MAIN STREET
CITY-ST-ZIP	BUSHNELL FL	4.4 CITY-ST-ZIP	WILWOOD FL 34897
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JERRY	5.2 NAME	GARY EARL
STREET ADDRESS	201 W. BURLEIGH ROAD	5.3 STREET ADDRESS	1801 LEE ROAD, SUITE 205
CITY-ST-ZIP	TAVARES FL	5.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address.

SIGNATURE: _____

SIGNATURE REQUIRED

4/3/98 407744370

CR2E037 (10/97)