


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90125 004 \*\*\*\*70.00

DOCUMENT # N97000001746					
1. Entity Name LAKESIDE ALTERNATIVES FOUNDATION, INC.					
Principal Place of Business 1800 MERCY DRIVE ORLANDO, FL 32808		Mailing Address 1800 MERCY DRIVE ORLANDO, FL 32808			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3425984	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBB, PAMELA M 1311 S VINELAND RD WINTER GARDEN, FL 34787			Name Street Address (P.O. Box Number is Not Acceptable) <i>1311 WINTER GARDEN - VINELAND RD.</i> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOREN, VIRGINIA 530 E CENTRAL BLVD ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D WILSON, DR. CAROL 3026 CHRIS LANE ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASSAB, JERRY 434 W KENNEDY BLVD ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D PEREZ, MARY 500 S. ORANGE AVE ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, KEVIN 624 RICHMOND ST ORLANDO, FL 32806	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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: <u>Jerry Kassab</u> <u>JERRY KASSAB</u>		Date: <u>3-31-06</u>		Daytime Phone #: <u>407-822-5057</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

20034297



03062006 Chg-NP CR2E037 (11/05)

ATTACHMENT  
20034297

10. Officers/Directors (Cont'd)

VC/D

Kay Walters  
1801 Lake Grove Lane  
Orlando, FL 32806

D

Mary Lou Schyberg  
2501 South Bumby  
Orlando, FL 32806

D

Marcia Mathes  
6319 Gibson Drive  
Belle Isle, FL 32809

D

Linda Rolf  
3715 Maguire Boulevard  
Orlando, FL 32803

S/D

Linda Reece  
896 Claydon Way  
Altamonte Springs, FL 32701

T/D

Deborah Appel  
4450 E. Colonial Drive  
Orlando, FL 32803

D

Joe Gallagher  
151 Southhall Lane, Ste. 230  
Maitland, FL 32751

D

William Krause  
38 E. Pine Street  
Orlando, FL 32801

D

Malone Stewart  
2500 W. Colonial Drive  
Orlando, FL 32804