## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004189

FILED Apr 08, 2008 Secretary of State

Entity Name: LAKE SUMTER CHILDREN'S ADVOCACY CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 300 S. CANAL STREET LEESBURG, FL 34748 US **Current Mailing Address: New Mailing Address:** 300 S. CANAL STREET LEESBURG, FL 34748 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PISCZEK, DIANE L RICHEY, STEVEN J 10628 SÚMMIT SQUARE DR 601 SOUTH 9TH STREET LEESBURG, FL 34788 LEESBURG, FL 34748 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. SIGNATURE: STEVEN J. RICHEY 04/08/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KIRSTE, MEREDITH Name: Name: 803 E. DIXIE AVE. Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: Title: ( ) Delete () Change () Addition MCDOWELL, JILL Name: Name: Address: 2756 LIVERY LANE Address: City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PUDRY, SUE Name: PURDY, SUE Name: 550 W MAIN STREET Address: Address: 550 W MAIN STREET City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778 Title: () Delete Title: () Change () Addition Name: OGILIVE, ALEX III Name: Address: 1124 SE 180TH STREET Address: City-St-Zip: WEIRSDALE, FL 32195 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN J. RICHEY RΑ 04/08/2008