

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mozhay  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000005616 (4)

1. Corporation Name

LAKE ECONOMIC DEVELOPMENT, INC.



Principal Place of Business Mailing Address  
333 S.W. 4TH STREET 333 S.W. 4TH STREET  
BELLE GLADE FL 33430 BELLE GLADE FL 33430

3. Date Incorporated or Qualified

10/02/1997

4. FEI Number

65-0784978

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners' association?

☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

DAVIS, CLIFFORD C  
333 S.W. 4TH STREET  
BELLE GLADE FL 33430

81 Name

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

83

84 City

FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME DAVIS, CLIFFORD C  
STREET ADDRESS 333 S.W. 4TH STREET  
CITY-ST-ZIP BELLE GLADE FL 33430

1.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME DAVIS, CLARISSA L  
STREET ADDRESS 333 S.W. 4TH STREET  
CITY-ST-ZIP BELLE GLADE FL 33430

2.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME DAVIS, DORIS S  
STREET ADDRESS 333 S.W. 4TH STREET  
CITY-ST-ZIP BELLE GLADE FL 33430

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

30000250255  
-04/28/98-01050-001  
\*\*\*70.00

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

CR2E037 (10/97)