

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90206 049 \*\*\*\*70.00

0015695

DOCUMENT # N97000006194

1. Corporation Name

LAKE EDUCATIONAL AND BENEVOLENT ASSOCIATION, INC

Principal Place of Business  
655 NORTH WYMORE ROAD  
SUITE 101  
WINTER PARK FL 32789-2865

Mailing Address  
655 NORTH WYMORE ROAD  
SUITE 101  
WINTER PARK FL 32789-2865



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

23-7114583

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

9. Name and Address of Current Registered Agent

SEAL, ROBERT  
655 NORTH WYMORE ROAD  
SUITE 101  
WINTER PARK FL 32789-2865

10. Name and Address of New Registered Agent

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

TITLE D  
NAME RETZER, GORDON L  
STREET ADDRESS 655 NORTH WYMORE ROAD  
CITY-ST-ZIP WINTER PARK FL 32789-2865

TITLE D  
NAME WILSON, STEPHAN  
STREET ADDRESS 655 NORTH WYMORE ROAD  
CITY-ST-ZIP WINTER PARK FL 32789-2865

TITLE D  
NAME SEAL, ROBERT C  
STREET ADDRESS 655 NORTH WYMORE ROAD  
CITY-ST-ZIP WINTER PARK FL 32789-2865

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME Reynolds, Randee R  
2.3 STREET ADDRESS 655 North Wymore Road  
2.4 CITY-ST-ZIP Winter Park, FL 32789-1715

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert C. Seal

Date

Daytime Phone #

1-7-99 407 644-5000

CR2E037 (11/98)