

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750806

FILED
Apr 08, 2004
Secretary of State

Entity Name: LAKE-SUMTER COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

9501 US HWY 441
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

9501 US HWY 441
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 59-1990323 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOJOCK, CHARLES DR
1255 OLD EUSTIS RD.
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PURDUM, ROSEMARY
Address: 33703 OVERTON DR.
City-St-Zip: LEESBURG, FL 34788

Title: PE () Delete
Name: MORRIS, TIM
Address: 9605 SILVER LAKE DR.
City-St-Zip: LEESBURG, FL 34788

Title: PPD () Delete
Name: HILL, JENNIFER
Address: 9732 FAIRWAY CIR.
City-St-Zip: LEESBURG, FL 34788

Title: VPD () Delete
Name: DUNCAN, BRUCE
Address: 456 W 10TH AVE.
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORRIS, TIM
Address: 9605 SILVER LAKE DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: PE (X) Change () Addition
Name: ODOM, MARGO
Address: POST OFFICE BOX 661
City-St-Zip: UMATILLA, FL 32784

Title: PPD (X) Change () Addition
Name: PURDUM, ROSEMARY
Address: 33703 OVERTON DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: VPD (X) Change () Addition
Name: DAJNOWICZ, MAX DR.
Address: 6036 FALCONBRIDGE PLACE
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIM MORRIS

MR.

04/08/2004

Electronic Signature of Signing Officer or Director

_____ Date