


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 727358					
1. Entity Name BOYS & GIRLS CLUBS OF LAKE & SUMTER COUNTIES, INC.					
Principal Place of Business 400 EXECUTIVE BLVD LEESBURG FL 34748			Mailing Address 400 EXECUTIVE BLVD LEESBURG FL 34748		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1524504	
6. Name and Address of Current Registered Agent WORK, BETH H 400 EXEC. BLVD LEESBURG FL 34748				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BROOKS, BRIAN		NAME		
STREET ADDRESS	618 YORKTOWN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BRAUN, PHILLIP		NAME		
STREET ADDRESS	P.O. BOX 492256		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WOOD, CHRIS		NAME		
STREET ADDRESS	503 LAKESHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	PEDERSON, MIKE		NAME		
STREET ADDRESS	2617 LEGEND COURT		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BARTCH, KRISTEN		NAME		
STREET ADDRESS	1607 HILLTOP DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HORN, RACHEL		NAME		
STREET ADDRESS	1410N S 9TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

4. FEI Number **59-1524504** Applied For Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *[Signature]* Chief Professional Officer 3-27-06 352-787-005