


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90033 015 ****61.25

| | | | | | |
|--|----------------------|--|---|---|--|
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1524504 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WORK, BETH H 400 EXEC. BLVD LEESBURG, FL 34748 | | | 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 reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 checked="" type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BROOKS, BRIAN | | NAME | ERIC ENGLISH | |
| STREET ADDRESS | 618 YORKTOWN DRIVE | | STREET ADDRESS | 104 E. DIXIE AVE. | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | CITY-ST-ZIP | LEESBURG, FL 34748 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRAUN, PHILLIP | | NAME | CHRIS CARLYLE | |
| STREET ADDRESS | P.O. BOX 492256 | | STREET ADDRESS | 20 LaGrande Blvd. | |
| CITY-ST-ZIP | LEESBURG, FL 34749 | | CITY-ST-ZIP | THE VILLAGES, FL 32159 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WOOD, CHRIS | | NAME | G.G. OLDFHAM | |
| STREET ADDRESS | 503 LAKESHORE DRIVE | | STREET ADDRESS | 2015 CITRUS BLVD. | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | CITY-ST-ZIP | LEESBURG, FL 34748 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEDERSON, MIKE | | NAME | | |
| STREET ADDRESS | 2617 LEGEND COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Addition |
| NAME | HORN, RACHEL | | NAME | | |
| STREET ADDRESS | 1410N S 9TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Beth Work</i> | | | Date: <i>2-16-07</i> | | Daytime Phone #: <i>352-787-0053</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |

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