


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90199 012 ****61.25

DOCUMENT # 727358
1. Entity Name
BOYS & GIRLS CLUBS OF LAKE & SUMTER COUNTIES, IN C.



Principal Place of Business Mailing Address
400 EXECUTIVE BLVD **P.O. BOX 491527**
LEESBURG FL 34748 **LEESBURG FL 34749-1527**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1524504** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KNOWLES, DAVID
STREET ADDRESS	1405 S. 14TH ST.
CITY-ST-ZIP	LEESBURG FL 34749
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WORK, BETH H
STREET ADDRESS	P O BOX 491527
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WEBER, BRADLEY L
STREET ADDRESS	P O BOX 490047
CITY-ST-ZIP	LEESBURG FL 34749
TITLE	D <input type="checkbox"/> Delete
NAME	WEEKLEY, LINDA
STREET ADDRESS	P O BOX 628096
CITY-ST-ZIP	ORLANDO FL 32897
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	STRONG, SCOTT
STREET ADDRESS	306 S. 6TH ST.
CITY-ST-ZIP	LEESBURG FL 34749
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SIMMONS, DEAN
STREET ADDRESS	P O BOX 490480
CITY-ST-ZIP	LEESBURG FL 34748

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chet Blackmon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	311 W. Magnolia
STREET ADDRESS	Leesburg, FL 34748
CITY-ST-ZIP	
TITLE	Gene Buckner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. O. Box 491468
STREET ADDRESS	Leesburg, FL 34749
CITY-ST-ZIP	
TITLE	Amy Cox <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	807 Washington Ave
STREET ADDRESS	Leesburg, FL 34748
CITY-ST-ZIP	
TITLE	Louis Del Prete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2701 De La Rosa St
STREET ADDRESS	The Villages, FL 32159
CITY-ST-ZIP	
TITLE	Rev Bruce Hamilton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	33741 S. Haines Creek Rd
STREET ADDRESS	Leesburg, FL 34748
CITY-ST-ZIP	

12. 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 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: Beth Work **REQUIRED** 01/10/03 352-787-0053
Beth Work, Executive Director

CR2E037 (10/02)