

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750806

**Entity Name:** LAKE-SUMTER STATE COLLEGE FOUNDATION, INC.

**Current Principal Place of Business:**

9501 US HWY 441  
LEESBURG, FL 34788

**Current Mailing Address:**

9501 US HWY 441  
LEESBURG, FL 34788

**FEI Number:** 59-1990323

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PPD  
Name            HACKNEY, HARRY  
Address        10115 SILVER BLUFF DRIVE  
City-State-Zip: LEESBURG FL 34788

Title            PD  
Name            MCRAE, TIM  
Address        2926 ALTA STREET  
City-State-Zip: LEESBURG FL 34748

Title            VPD  
Name            FURNAS, RENEE  
Address        9712 MARK LANE  
City-State-Zip: LEESBURG FL 34788

Title            TR  
Name            ANDREWS, MAC  
Address        33640 OVERTON DRIVE  
City-State-Zip: LEESBURG FL 34788

Title            PE  
Name            DAVIS, GEORGE  
Address        1637 LAKE AVENUE  
City-State-Zip: CLERMONT FL 34711

Title            VP  
Name            FARFAGLIA, LORI  
Address        403 HAMLET COURT  
City-State-Zip: FRUITLAND FL 34731

*I hereby 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 all other like empowered.*

**SIGNATURE:** TIM MCRAE

**PRESIDENT**

**01/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date