

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750806 (2)  
1. Corporation Name  
LAKE-SUMTER COMMUNITY COLLEGE FOUNDATION, INC.



Principal Place of Business  
9501 US HWY 441  
LEESBURG FL 34788

Mailing Address  
9501 US HWY 441  
LEESBURG FL 34788

3. Date Incorporated or Qualified  
01/28/1980

3a. Date of Last Report  
02/21/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1990323	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Country	29 Country			
25	30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, CHRISTPHER C.  
14550 US HWY 441  
TAVARES FL 32778

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Christopher C. Ford

March 15, 1996

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLIN, GWEN	1.2 NAME	Faust, Bettie L.
STREET ADDRESS	5415 BANANA POINT DR.	1.3 STREET ADDRESS	1620 Love Point Drive
CITY-ST-ZIP	OKAHUMPKA FL 34762	1.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	PPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, DIXIE N	2.2 NAME	Talley, Jackie
STREET ADDRESS	2321 JOBBINS DR.	2.3 STREET ADDRESS	PO Box 490817 N/A
CITY-ST-ZIP	LEESBURG FL 34748	2.4 CITY-ST-ZIP	Leesburg, FL 34749-0817
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEBREE, SIS	3.2 NAME	Thornton, Randall
STREET ADDRESS	P.O. BOX 150 N/A	3.3 STREET ADDRESS	PO Box 58 N/A
CITY-ST-ZIP	UMATILLA FL 32784	3.4 CITY-ST-ZIP	Lake Panasoffkee, FL 33538
TITLE	ED <input type="checkbox"/> DELETE	4.1 TITLE	ED <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, R. JERRY	4.2 NAME	Smith, R. Jerry
STREET ADDRESS	C/O LAKE SUMTER C.C.	4.3 STREET ADDRESS	c/o Lake-Sumter CC
CITY-ST-ZIP	LEESBURG FL 34788	4.4 CITY-ST-ZIP	Leesburg, FL 34788-8751
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, SARAH JANE	5.2 NAME	Hewitt, Sarah Jane
STREET ADDRESS	2928 PORTO BELLO DR.	5.3 STREET ADDRESS	2928 Porto Bello Drive
CITY-ST-ZIP	LEESBURG FL 34788	5.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	CP <input type="checkbox"/> DELETE	6.1 TITLE	CP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTRICK, ROBERT	6.2 NAME	Westrick, Robert
STREET ADDRESS	C/O LAKE-SUMTER	6.3 STREET ADDRESS	c/o Lake-Sumter CC
CITY-ST-ZIP	LEESBURG FL 34788	6.4 CITY-ST-ZIP	Leesburg, FL 34788-8751

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 1996 (352) 365-3515

Date

Daytime Phone #

CR2E037 (12/95)