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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/28/1980	
4. FEI Number 59-1990323	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes more than the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**WINEMILLER, HERBERT JR.
1502 ALFONSONLANE
LADY LAKE FL 32159**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1502 Alfonso Lane
83
84 City
FL 85 Zip Code

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 Not Applicable
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PPD <input checked="" type="checkbox"/> DELETE
NAME	FAUST, BETTIE L
STREET ADDRESS	1620 LOVE POINT DRIVE
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MORSE, SHARON
STREET ADDRESS	1100 MAIN STREET
CITY-ST-ZIP	LADY LAKE FL 32159
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	THORNTON, RANDALL
STREET ADDRESS	P.O. BOX 58, N/A
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	DRAKE, STEPHEN
STREET ADDRESS	717 BOYLESTON STREET
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	ED <input type="checkbox"/> DELETE
NAME	WINEMILLER, HERBERT L JR.
STREET ADDRESS	9501 US HWY 441
CITY-ST-ZIP	LEESBURG FL 34788
TITLE	OP <input type="checkbox"/> DELETE
NAME	WESTRICK, ROBERT
STREET ADDRESS	9501 US HWY 441
CITY-ST-ZIP	LEESBURG FL 34788

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President (P)(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sewell, Stephen G.
1.3 STREET ADDRESS	907 Webster St, P.O. Box 492722
1.4 CITY-ST-ZIP	Leesburg, FL 34749-2722
2.1 TITLE	President-Elect (PE)(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jans, Charlotte
2.3 STREET ADDRESS	33719 Overton Drive
2.4 CITY-ST-ZIP	Leesburg, FL 34788
3.1 TITLE	Vice-President (VP)(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kob, Marian
3.3 STREET ADDRESS	1500 Beverly Point
3.4 CITY-ST-ZIP	Leesburg, FL 34748
4.1 TITLE	Treasurer (T) (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ingram, Rodger
4.3 STREET ADDRESS	100 No. Bay Street
4.4 CITY-ST-ZIP	Eustis, FL 32726
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 *Herbert L. Winemiller, Jr.* **Herbert L. Winemiller, Jr. 1/9/98** Phone #352-365-3515

CR2E037 (10/97)