

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N98000006118

1. Corporation Name
SOUTH LAKE COUNTY HISTORICAL SOCIETY, INC.

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 450476 - 90242 - 39

Principal Place of Business Mailing Address
 24 EMERALD LAKES 24 EMERALD LAKES
 CLERMONT FL 34711 CLERMONT FL 34711



2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 10/28/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-8544324
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GRANT, JAMES H 24 EMERALD LAKES CLERMONT FL 34711	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	GRANT, JAMES H 24 EMERALD LAKES CLERMONT FL 34711	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	BEEBE, ELAINE 1200 7TH STREET CLERMONT FL 34711	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	BERENS, ROBERT E. JR. 1927 BRANTLEY CIRCLE CLERMONT FL 34711	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ASD	ROBB, PAMELA M 14909 MASCOTTE-EMPIRE ROAD GROVELAND FL 34736	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	RAY, BONNIE L 462 WEST OSCEOLA CLERMONT FL 34711	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	CROFFORD, JOHN 637 W. LAKESHORE DRIVE CLERMONT FL 34711	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE OF (JAMES H. GRANT) 2/22/99 (352)394-6002

CR2E037 (11/98)