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FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 750806

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
01-28-80

3a. Date of Last Report
03-20-96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1990323

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Marty McDaniels (Jerry Smith)
226 W. 1st Ave / Suite 201
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name HERBERT WINEMILLER, JR
82 Street Address (P.O. Box Number is Not Acceptable)
1502 ALFONSONLANE
83 LADY LAKE, FL ORIDA 32159
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: *Herbert Winemiller*
Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

3/20/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Sharon Morse	
STREET ADDRESS	1100 Main Street	
CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Stephen Drake	
STREET ADDRESS	717 Boyleston Street	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Randall Thornton	
STREET ADDRESS	PO Box 58, N/A	
CITY-ST-ZIP	Lake Panasoffkee, FL 33538	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	Herbert L. Winemiller, Jr.	
STREET ADDRESS	9501 US Hwy 441	
CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	PPD	<input type="checkbox"/> DELETE
NAME	Bettie L. Faust	
STREET ADDRESS	1620 Loves Point Drive	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	Robert Westrick	
STREET ADDRESS	9501 US Hwy 441	
CITY-ST-ZIP	Leesburg, FL 34788	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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14. I do 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 Winemiller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97
Date

352-365-3515
Daytime Phone #

CR2E037 (9/96)