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 # **711772** **(4)**

1. Corporation Name

LAKE COUNTY BAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1000 W. MAIN STREET P.O. BOX DREWER 491357 LEESBURG FL 34748	1000 W. MAIN STREET P.O. BOX DREWER 491357 LEESBURG FL 34748

3. Date Incorporated or Qualified: **11/08/1966**
3a. Date of Last Report: **06/23/1995**
4. FEI Number: **23-7267384** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. **Name and Address of Current Registered Agent**

MORRISON, FRED A.
1000 WEST MAIN STREET
LEESBURG FL 32748

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FELDMAN, JOHN 215 N JOANNA AVE TAVARES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D FELDMAN, JOHN 215 N JOANNA AVE TAVARES, FLORIDA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SMITH, C J 380 W ALFRED ST TAVARES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P SMITH, C J 380 W ALFRFD STREET TAVARES, FLORIDA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORRISON, FRED 1000 MAIN ST LEESBURG FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S MORRISON, FRED 1000 MAIN STREET LEESBURG, FLORIDA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAW, JULIA 250 S. MAIN STREET GROVELAND FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V McDANIEL, MARY M 226 WEST ALFRED STREET TAVARES, FLORIDA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, DONNA 131 W. MAIN ST. TAVARES FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D CLEMENT, G. ED 308 E 5TH AVE MT. DORA, FLORIDA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EVANS, MAGGIE B. 3800 LK. CENTER LOOP B-2 MOUNT DORA FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	T EVANS, MAGGIE B. 3800 LK CENTER LOOPB-2 MOUNT DORA, FLODIDA	☒ Change ☐ Addition

CR2E037 (12/95)

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: _____ 1-26-96 352-787-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRED MORRISON SECRETARY

Doc# 711772 Pg. 2.

ADDITIONAL CHANGES/ADDITIONS TO OFFICERS AND DIRECTORS IN 12

7.1	**TITLE**	D	___ Change _X_ Addition
7.2	**NAME**	GERKIN, SCOTT A	
7.3	**ST ADDRESS**	4850 N HIGHWAY 19A	
7.4	**CITY-ST-ZIP**	MOUNT DORA, FLORIDA	