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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34748-4925

3. Date Incorporated or Qualified: **11/08/1966**
3a. Date of Last Report: **03/01/1996**

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

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

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

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City **FL** 65 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	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FELDMAN, JOHN		1.2 NAME	Smith, C.J.	
STREET ADDRESS	215 N JOANNA AVE		1.3 STREET ADDRESS	380 W. Alfred St.	
CITY-ST-ZIP	TAVARES FL		1.4 CITY-ST-ZIP	Tavares, FL	
TITLE	P	☐ DELETE	2.1 TITLE	P	☐ Change ☐ Addition
NAME	SMITH, C J		2.2 NAME	McDaniel, Mary	
STREET ADDRESS	380 W ALFRED ST		2.3 STREET ADDRESS	226 W. Alfred St.	
CITY-ST-ZIP	TAVARES FL		2.4 CITY-ST-ZIP	Tavares, FL	
TITLE	S	☐ DELETE	3.1 TITLE	V	☐ Change ☐ Addition
NAME	MORRISON, FRED		3.2 NAME	Clement, G. Ed	
STREET ADDRESS	1000 MAIN ST		3.3 STREET ADDRESS	308 E. 5th Av.	
CITY-ST-ZIP	LEESBURG FL		3.4 CITY-ST-ZIP	Mt. Dora, FL	
TITLE	V	☐ DELETE	4.1 TITLE	T	☐ Change ☐ Addition
NAME	MCDANIEL, MARY M.		4.2 NAME	Kirste, Meredith	
STREET ADDRESS	226 WEST ALFRED STREET		4.3 STREET ADDRESS	610 E. Main St.	
CITY-ST-ZIP	TAVARES FL		4.4 CITY-ST-ZIP	Leesburg, FL	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	CLEMENT, G. ED		5.2 NAME	Purdy, Sue	
STREET ADDRESS	308 E 5TH AVENUE		5.3 STREET ADDRESS	550 W. Main St.	
CITY-ST-ZIP	MT. DORA FL		5.4 CITY-ST-ZIP	Tavares, FL	
TITLE	T	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	EVANS, MAGGIE B.		6.2 NAME	Gerken, Scott	
STREET ADDRESS	3800 LK. CENTER LOOP B-2		6.3 STREET ADDRESS	4850 N. Highway 19-A	
CITY-ST-ZIP	MOUNT DORA FL		6.4 CITY-ST-ZIP	Mt. Dora, FL	

CR2E037 (9/96)

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: Fred Morrison Secretary 1/14/97 (352) 787-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0070135