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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 711772

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
11/08/1966

4. FEI Number
23-7267384
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	D	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	GERKEN, SCOTT		1.2 NAME	Harry T. Hackney	
STREET ADDRESS	4850 N HWY 19-A		1.3 STREET ADDRESS	14229 U.S. Highway 441	
CITY-ST-ZIP	MT DORA FL		1.4 CITY-ST-ZIP	Tavares, FL 32778	
TITLE	T	☐ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	KIRSTE, MEREDITH		2.2 NAME	David M. Campione	
STREET ADDRESS	610 E MAIN ST		2.3 STREET ADDRESS	P.O. Box 926	
CITY-ST-ZIP	LEESBURG FL		2.4 CITY-ST-ZIP	Eustis, FL 32726-0926	
TITLE	S	☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	MORRISON, FRED		3.2 NAME	John R. Oldham	
STREET ADDRESS	1000 MAIN ST		3.3 STREET ADDRESS	P.O. Box 1012	
CITY-ST-ZIP	LEESBURG FL		3.4 CITY-ST-ZIP	Tavares, FL 32778-1012	
TITLE	D	☐ DELETE	4.1 TITLE	President	☒ Change ☐ Addition
NAME	MCDANIEL, MARY M.		4. 2 NAME	Elizabeth M. Purdy	
STREET ADDRESS	226 WEST ALFRED STREET		4.3 STREET ADDRESS	P.O. Box 7800	
CITY-ST-ZIP	TAVARES FL 32778		4.4 CITY-ST-ZIP	Tavares, FL 32778-7800	
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLEMENT, G. ED		5.2 NAME		
STREET ADDRESS	308 E 5TH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: FILED Fred A. Morrison 4/30/99 (352) 787-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)