

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 11 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716665 (5)**  
 1. Corporation Name  
**THE LAKE CITY COMMUNITY COLLEGE FOUNDATION, INC**



Principal Place of Business RT 19 BOX 1030 LAKE CITY FL 32025 US	Mailing Address RT 19 BOX 1030 LAKE CITY FL 32025-8703 US
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3. Date Incorporated or Qualified <b>06/04/1969</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>59-1627997</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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**9. Name and Address of Current Registered Agent**  
**HEIMER, MURIEL KAY  
 BURNETTE ROAD  
 LAKE CITY FL 32055**

**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

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: *[Signature]* DATE: **04/03/97**

**12. OFFICERS AND DIRECTORS**

TITLE	POO	<input checked="" type="checkbox"/> DELETE
NAME	POOLE, JIM	
STREET ADDRESS	3 ORANGE ST.	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCAFF, ANNE	
STREET ADDRESS	2200 E DUVAL ST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, JAMES	
STREET ADDRESS	8 MARION ST.	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEIMER, MURIEL KAY	
STREET ADDRESS	BURNETTE ROAD	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	CO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Montgomery	
1.3 STREET ADDRESS	8 marion st.	
1.4 CITY-ST-ZIP	LAKE CITY, FL 32025	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ganie Norman	
2.3 STREET ADDRESS	Bay Ave.	
2.4 CITY-ST-ZIP	LAKE CITY, FL 32025	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input 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		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* DATE: **11/15/97**

CP2E037 (9/96)