

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 # 719395 (6)
1. Corporation Name
LAKE CITY COMMUNITY CONCERT ASSOCIATION, INC.



Principal Place of Business Mailing Address
% WORLEY
1101 B. WEST DUVAL
LAKE CITY FL 32055

3. Date Incorporated or Qualified **09/28/1970** 3a. Date of Last Report **02/08/1995**
4. FEI Number **59-1635972** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

FEAGLE, MARLIN M.
101 E. MADISON STREET
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 **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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WORLEY, RON	1.2 NAME	
STREET ADDRESS	1101-B WEST DUVAL	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARPENTER, BARBARA	2.2 NAME	
STREET ADDRESS	950 LAKE MONTGOMERY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, ALFONSO	3.2 NAME	
STREET ADDRESS	P.O. BOX 672,NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, ELIZABETH MRS.	4.2 NAME	
STREET ADDRESS	2 CAROLINE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HAVEN, ELIZABETH DR	5.2 NAME	
STREET ADDRESS	RT 13 BOX 507	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HADWIN, BONITA	6.2 NAME	
STREET ADDRESS	224 OAK AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Worley **2/28/96** **904-252-3842**
Date Daytime Phone #

CR2E037 (12/95)