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Mar 10 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 # **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	% WORLEY 1101 B. WEST DUVAL LAKE CITY FL 32055

3. Date Incorporated or Qualified: 09/28/1970
3a. Date of Last Report: 03/04/1996

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	26 585 West Duval Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Lake City FL 32055
Zip 24 / Country 25	Zip 29 32055 / Country 30 Columbia

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

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	TD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WORLEY, RON		1.2 NAME	WORLEY, RON	
STREET ADDRESS	1101-B WEST DUVAL		1.3 STREET ADDRESS	585 West Duval St	
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP	Lake City FL 32055	
TITLE	SD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	CARPENTER, BARBARA		2.2 NAME	SUSAN L PERSONS	
STREET ADDRESS	950 LAKE MONTGOMERY DR		2.3 STREET ADDRESS	18 No Ridgewood Drive	
CITY-ST-ZIP	LAKE CITY FL		2.4 CITY-ST-ZIP	Lake City FL 32055-3128	
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	VD	☒ 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	32055	
TITLE	SD	☐ DELETE	6.1 TITLE	TD	☒ 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	32025	

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: B Worley SIGNATURE REQUIRED 3-4-97 904-752-3847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077314