FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 21 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729973 (8)

1. Corporation Name

LAKE COUNTY FAMILY HEALTH COUNCIL, INC.

Principal Place of Business	Mailing Address
129 N. GROVE ST EUSTIS FL 32726 US	129 N GROVE ST. EUSTIS FL 32726 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1974
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-1539209 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status X **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes X No

2. Principal Place of Business	2a. Mailing Address
21	26 Greenlee, Kurras, Rice & Brown PA PO Box 8
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Mount Dora, Florida
Zip 24 / Country 25	Zip 29 32757 / Country 30 US

9. Name and Address of Current Registered Agent

MINKOFF, SANFORD
226 W. ALFRED STREET
TAVARES FL 32778

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 607.0502 and 607.1508, 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 607.0505, 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	11 TITLE		☐ Change ☐ Addition
NAME	FOSTER, LORRAINE	12 NAME		
STREET ADDRESS	400 N. BAY ST	13 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	NIX, RUTH E.	22 NAME		
STREET ADDRESS	315 W. MAIN STREET	23 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	WAGNER, KURT, B	32 NAME		
STREET ADDRESS	1101 S EUSTIS ST	33 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DRAZINIC, STEPHAN E	42 NAME		
STREET ADDRESS	3200 S BAY ST	43 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 00000	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	MARTIN, HERBERT	52 NAME		
STREET ADDRESS	1680 HOLLYWOOD AVE	53 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 00000	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WILSON-KING, GENESTER	62 NAME		
STREET ADDRESS	2 N. EUSTIS STREET	63 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	64 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)(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: Kurt B Wagner MD — Kurt B. Wagner — 4/14/95 — (904)589-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000111