

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 # 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

GREENLEE, KURRAS, RICE & BROWN PA
P.O. BOX 8
MOUNT DORA FL 32757
US

3. Date Incorporated or Qualified

06/18/1974

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 No Longer in Business but

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 would like to keep

27

City & State

City & State

23 Corporate Status Active.

28

Zip

Country

Zip

Country

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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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MINKOFF, SANFORD
226 W. ALFRED STREET
TAVARES FL 32778**

81

Name

Patricia A Sykes-Amos

82

Street Address (P.O. Box Number is Not Acceptable)

627 North Donnelly Street

83

84

City

Mount Dora

FL

85

Zip Code

32757

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

Patricia A Sykes-Amos

Patricia A Sykes-Amos, CPA

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 **D** ☐ DELETE
NAME **FOSTER, LORRAINE**
STREET ADDRESS **400 N. BAY ST**
CITY-ST-ZIP **EUSTIS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NIX, RUTH E.**
STREET ADDRESS **315 W. MAIN STREET**
CITY-ST-ZIP **TAVARES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **WAGNER, KURT, B**
STREET ADDRESS **1101 S EUSTIS ST**
CITY-ST-ZIP **EUSTIS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DRAZINIC, STEPHAN E**
STREET ADDRESS **3200 S BAY ST**
CITY-ST-ZIP **EUSTIS, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **MARTIN, HERBERT**
STREET ADDRESS **1680 HOLLYWOOD AVE**
CITY-ST-ZIP **EUSTIS, FL 00000**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILSON-KING, GENESTER**
STREET ADDRESS **2 N. EUSTIS STREET**
CITY-ST-ZIP **EUSTIS FL**

6.1 TITLE ☐ Change ☐ 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 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:

Kurt B Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/31/96 (352) 589-4111
Daytime Phone #

CR2E037 (12/95)