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Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

129 N. GROVE ST
EUSTIS FL 32726
US

Mailing Address

GREENLEE, KURRAS, RICE & BROWN PA
P.O. BOX 8
MOUNT DORA FL 32757-0008
US3. Date Incorporated or Qualified
06/18/19743a. Date of Last Report
02/28/19964. FEI Number
59-1539209Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SYKES-AMOS, PATRICIA A.
627 NORTH DONNELLY STREET
MOUNT DORA FL 32757

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

TITLE D ☐ DELETE
NAME FOSTER, LORRAINE
STREET ADDRESS 400 N. BAY ST
CITY - ST - ZIP EUSTIS FLTITLE D ☒ DELETE
NAME NIX, RUTH E.
STREET ADDRESS 315 W. MAIN STREET
CITY - ST - ZIP TAVARES FLTITLE P ☐ DELETE
NAME WAGNER, KURT, B
STREET ADDRESS 1101 S EUSTIS ST
CITY - ST - ZIP EUSTIS FLTITLE D ☐ DELETE
NAME DRAZINC, STEPHAN E
STREET ADDRESS 3200 S BAY ST
CITY - ST - ZIP EUSTIS, FL 00000TITLE V ☒ DELETE
NAME MARTIN, HERBERT
STREET ADDRESS 1680 HOLLYWOOD AVE
CITY - ST - ZIP EUSTIS, FL 00000TITLE D ☐ DELETE
NAME WILSON-KING, GENESTER
STREET ADDRESS 2 N. EUSTIS STREET
CITY - ST - ZIP EUSTIS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/13/97 (352) 589-4111 Daytime Phone # 0014251

CRZE037 (9/96)