SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:16

DOCUMENT # 742980 (6)

1. Corporation Name
LAKE BRANTLEY CHORAL BOOSTERS, INC.

Principal Place of Business	Mailing Address
991 SAND LAKE RD ALTAMONTE SPRINGS, FL 32714	991 SAND LAKE RD ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1978
3a. Date of Last Report: 05/17/1994
4. FEI Number: NOT APPLICABLE ☐ 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 ☐ FILING FEE IS $61.25
8. 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
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DOUCE, TED
991 SAND LAKE RD
ALTAMONTE SPRINGS FL 32714

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: Ted Douce TED DOUCE 6-7-95
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	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	DAVIS, MARTHA (D)	12 NAME	GIAMMARINARO, DARLENE (D)
STREET ADDRESS	103 COVERIDGE LANE	13 STREET ADDRESS	106 COVERIDGE LANE
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	TD	21 TITLE	TD ☑ Change ☐ Addition
NAME	ETHERIDGE, SAM (D)	22 NAME	HAYNE, SUSAN G. (D)
STREET ADDRESS	600 SWEETWATER BAY COURT	23 STREET ADDRESS	421 VILLAGE VIEW LANE
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	VP	31 TITLE	VP ☑ Change ☐ Addition
NAME	SIGOURNEY, FRANK (D)	32 NAME	BAUGUM, CAROL (D)
STREET ADDRESS	455 TWISTING PINE CIRCLE	33 STREET ADDRESS	106 RIVERBEND BLVD.
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	S	41 TITLE	S ☑ Change ☐ Addition
NAME	GAGE, CAROL	42 NAME	SCHULTZ, KATHY
STREET ADDRESS	203 E. SWEETWATER CREEK DR.	43 STREET ADDRESS	726 LITTLE WEKIVA CIRCLE
CITY-ST-ZIP	LONGWOOD FL	44 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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: Sam Etheridge (TD) SAM A. ETHERIDGE 6-7-95 407-299-6147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0003885