

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 742980 (6)

1. Corporation Name

LAKE BRANTLEY CHORAL BOOSTERS, INC.

Principal Place of Business

991 SAND LAKE RD  
ALTAMONTE SPRINGS, FL.  
32714

Mailing Address

991 SAND LAKE RD  
ALTAMONTE SPRINGS, FL.  
32714

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

DOUCE, TED  
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  
04/15/1996

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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 PD  
NAME GIAMMARINARDO, DARLENE  
STREET ADDRESS 106 COVERIDGE LANE  
CITY-ST-ZIP LONGWOOD FL

TITLE TD  
NAME SEKAC, MARY  
STREET ADDRESS 757 LITTLE WEKIVA CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE S  
NAME DURKIN, SHARON  
STREET ADDRESS 549 S. LONGVIEW PL  
CITY-ST-ZIP LONGWOOD FL

TITLE VPD  
NAME SCHULTZ, KATHY  
STREET ADDRESS 726 LITTLE WEKIVA CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME SHERRY DURKIN  
1.3 STREET ADDRESS 549 S. LONGVIEW PL  
1.4 CITY-ST-ZIP LONGWOOD, FL 32779

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
200002341712-6  
-11/07/97--01089--002  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

3.1 TITLE S  
3.2 NAME EVA BROSS  
3.3 STREET ADDRESS 501 BLUE LAKE DR  
3.4 CITY-ST-ZIP LONGWOOD FL 32779

4.1 TITLE VPD  
4.2 NAME MARSHA PORKORNY  
4.3 STREET ADDRESS 1611 KENOYD DR  
4.4 CITY-ST-ZIP LONGWOOD FL 32779

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

6.1 TITLE  
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 if changed, or on an attachment with an address.

FILED

97 NOV -6 PM 2: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E037 (4/97)