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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90155 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742980

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

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Incorporated or Qualified

05/23/1978

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

4-30-99

12. OFFICERS AND DIRECTORS

TITLE	T	☒ DELETE
NAME	SMYTH, MARY A	
STREET ADDRESS	9494 SHORT LEAF COURT	
CITY-ST-ZIP	APOPKA FL 32703	

TITLE	T	☒ DELETE
NAME	WHEELER, SANDY	
STREET ADDRESS	809 RIO ALA MAND	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	T	☐ DELETE
NAME	GROSS, EVA	
STREET ADDRESS	501 BLUE LAKE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE	T	☐ DELETE
NAME	JACKSON, PATTI	
STREET ADDRESS	221 SHADOWSWAY BLVD S	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P T	☒ Change ☐ Addition
1.2 NAME	Zenaida P. Mantel	
1.3 STREET ADDRESS	230 Selkirk Way	
1.4 CITY-ST-ZIP	Longwood, FL 32779	

2.1 TITLE	V T	☒ Change ☐ Addition
2.2 NAME	Cindy Waldorf	
2.3 STREET ADDRESS	118 Duncan Ave	
2.4 CITY-ST-ZIP	Longwood, FL 32779	

3.1 TITLE	S T	☐ Change ☐ Addition
3.2 NAME	Gross, Eva	
3.3 STREET ADDRESS	501 Blue Lake Drive	
3.4 CITY-ST-ZIP	Longwood FL 32779	

4.1 TITLE	T T	☐ Change ☐ Addition
4.2 NAME	Jackson, Patti	
4.3 STREET ADDRESS	221 Shadowsway Blvd. S.	
4.4 CITY-ST-ZIP	Longwood FL 32779	

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

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Zenaida P. Mantel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

(407) 788-7804

Daytime Phone #

CR2E037 (11/98)