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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 750806 (2)

1. Corporation Name
LAKE-SUMTER COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
9501 US HWY 441 LEESBURG FL 34788	9501 US HWY 441 LEESBURG FL 34788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1960
3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-1990323 ☐ 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 ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FORD, CHRISTPHER C. 14550 US HWY 441 TAVARES FL 32778	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	Vice President/Director ☒ Change ☐ Addition
NAME	FAUST, BETTIE L.	12 NAME	McLin, Gwen
STREET ADDRESS	1620 LOVES POINT DR.	13 STREET ADDRESS	5415 Banana Point Drive
CITY-ST-ZIP	LEESBURG FL	14 CITY-ST-ZIP	Okahumpka, FL 34762
TITLE	PD	21 TITLE	Past-President/Director ☒ Change ☐ Addition
NAME	ALLEN, DIXIE N	22 NAME	Allen, Dixie N.
STREET ADDRESS	2321 JOBBINS DR.	23 STREET ADDRESS	2321 Jobbins Drive
CITY-ST-ZIP	LEESBURG FL	24 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	TD	31 TITLE	Treasurer/Director ☒ Change ☐ Addition
NAME	BLACK, ALICE	32 NAME	Sebree, Sis
STREET ADDRESS	202 PALM AVE.	33 STREET ADDRESS	PO Box 150 N/A
CITY-ST-ZIP	EUSTIS FL	34 CITY-ST-ZIP	Umatilla, FL 32784
TITLE	EDS	41 TITLE	Executive Director ☐ Change ☐ Addition
NAME	SMITH, R. JERRY	42 NAME	Smith, R. Jerry
STREET ADDRESS	C/O LAKE SUMTER C.C.	43 STREET ADDRESS	c/o Lake-Sumter CC
CITY-ST-ZIP	LEESBURG FL	44 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	PD	51 TITLE	President/Director ☒ Change ☐ Addition
NAME	HEWITT, SARAH JANE	52 NAME	Hewitt, Sarah Jane
STREET ADDRESS	2928 PORTO BELLO DR.	53 STREET ADDRESS	2928 Porto Bello Drive
CITY-ST-ZIP	LEESBURG FL	54 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	D	61 TITLE	College President ☐ Change ☐ Addition
NAME	WESTRICK, ROBERT	62 NAME	Westrick, Robert
STREET ADDRESS	C/O LAKE-SCC	63 STREET ADDRESS	c/o Lake-Sumter Community College
CITY-ST-ZIP	LEESBURG FL	64 CITY-ST-ZIP	Leesburg, FL 34788

2-21 # Deposited by Bank

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: R. Jerry Smith 1/20/95 904-365-3575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

050810