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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # 750806

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

3. Date Incorporated or Qualified: 01-28-80

3a. Date of Last Report: 03-20-96

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Mary McDaniel (Jerry Smith)
226 W. Alfred Street
Tavares, FL 32778

10. Name and Address of New Registered Agent

81 Name: HERBERT WINEMILLER, JR

82 Street Address (P.O. Box Number is Not Acceptable): 1502 ALFONSONLANE

83: LADY LAKE, FL ORIDA 32159

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: Herbert L Winemiller 3/20/97

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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Sharon Morse		1.2 NAME		
STREET ADDRESS	1100 Main Street		1.3 STREET ADDRESS		
CITY-ST-ZIP	Lady Lake, FL 32159		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Stephen Drake		2.2 NAME		
STREET ADDRESS	717 Boyleston Street		2.3 STREET ADDRESS		
CITY-ST-ZIP	Leesburg, Fl 34748		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	Randall Thornton		3.2 NAME		
STREET ADDRESS	PO Box 58,N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	Lake Panasoffkee,Fl 33538		3.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Herbert L. Winemiller,Jr.		4.2 NAME		
STREET ADDRESS	9501 US Hwy 441		4.3 STREET ADDRESS		
CITY-ST-ZIP	Leesburg, Fl 34788		4.4 CITY-ST-ZIP		
TITLE	PPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Bettie L. Faust		5.2 NAME		
STREET ADDRESS	1620 Loves Point Drive		5.3 STREET ADDRESS		
CITY-ST-ZIP	Leesburg, Fl 34748		5.4 CITY-ST-ZIP		
TITLE	CP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Robert Westrick		6.2 NAME		
STREET ADDRESS	9501 US Hwy 441		6.3 STREET ADDRESS		
CITY-ST-ZIP	Leesburg, Fl 34788		6.4 CITY-ST-ZIP		

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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.

SIGNATURE: Herbert L Winemiller 3/20/97 352-365-3515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #