FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 15 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/28/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1990323 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WINEMILLER, HERBERT JR.
1502 ALFONSO LANE
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable) 35246 Crystal Breeze Lane
33 Leesburg, FL 34788
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	President D	☐ Change ☐ Addition
NAME	SEWELL, STEPHEN G		1.2 NAME	Sewell, Stephen G	(chg addre
STREET ADDRESS	907 WEBSTER ST, P O BOX 492722		1.3 STREET ADDRESS	1001 Shore Acres Dr	
CITY-ST-ZIP	LEESBURG FL 34749-2722		1.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	PED	XX DELETE	2.1 TITLE	President Elect D	XX Change ☐ Addition
NAME	JANS, CHARLOTTE		2.2 NAME	Winchester, Linda	
STREET ADDRESS	33719 OVERTON DR		2.3 STREET ADDRESS	8878 US Hwy 301	
CITY-ST-ZIP	LEESBURG FL 34788		2.4 CITY-ST-ZIP	Wildwood, FL 34785	
TITLE	VPD	XX DELETE	3.1 TITLE	Vice President D	XX Change ☐ Addition
NAME	KOB, MARIAN		3.2 NAME	Hall, F. Drew	
STREET ADDRESS	1500 BEVERLY POINT		3.3 STREET ADDRESS	PO Box 1320	
CITY-ST-ZIP	LEESBURG FL 34748		3.4 CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	TD	☐ DELETE	4.1 TITLE	Treasurer D	☐ Change ☐ Addition
NAME	INGRAM, ROBERT - Rodger		4.2 NAME	Ingram, Rodger	(chg address
STREET ADDRESS	100 N BAY ST		4.3 STREET ADDRESS	17772 SE 237th Court	
CITY-ST-ZIP	EUSTIS FL 32726		4.4 CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	ED	☐ DELETE	5.1 TITLE	Executive Director	☐ Change ☐ Addition
NAME	WINEMILLER, HERBERT L JR.		5.2 NAME	Winemiller, Herbert	(chg address)
STREET ADDRESS	9501 US HWY 441		5.3 STREET ADDRESS	35246 Crystal Breeze Lane	
CITY-ST-ZIP	LEESBURG FL 34788		5.4 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	CP	☐ DELETE	6.1 TITLE	College President	☐ Change ☐ Addition
NAME	WESTRICK, ROBERT		6.2 NAME	SAME	
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 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: [signature] SIGNATURE REQUIRED Herbert Winemiller 1-6-99 352-365-3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #