

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001776

FILED
Apr 30, 2007
Secretary of State

Entity Name: ARTS ASSOCIATION OF LAKE AND SUMTER COUNTIES, INC.

Current Principal Place of Business:

9501 US HWY 441
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

9501 US HWY 441
P.O. BOX 180
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 59-3603031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITTERMAIER, BARBARA
33323 COVENTRY DR
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PRINGLE, GEORGE
Address: 733 BOYLSTON ST
City-St-Zip: LEESBURG, FL 34748

Title: PD () Delete
Name: MITTERMAIER, BARBARA
Address: 33323 COVENTRY DR
City-St-Zip: LEESBURG, FL 34788

Title: SD () Delete
Name: KING, JANET
Address: 1308 FONTANA COURT
City-St-Zip: LADY LAKE, FL 32159

Title: VPD () Delete
Name: WHEELER, DAVID
Address: 350 NORTH TREMAIN
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: STOFF, KENNETH D
Address: 33248 SOMERSET DR
City-St-Zip: LEESBURG, FL 34788

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA MITTERMAIER

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date