

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 22, 2008**  
**Secretary of State**

DOCUMENT# N00000001776

**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:** STOFF, KENNETH D  
**Address:** 33248 SOMERSET DR  
**City-St-Zip:** LEESBURG, FL 34788**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:** BAKER, GAIL  
**Address:** 2300 E. BURLEIGH  
**City-St-Zip:** EUSTIA, FL 32726**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SD (X) Change ( ) Addition  
**Name:** THOMAS, SUSAN  
**Address:** 3235 U.S. HWY. 441/27, SUITE A  
**City-St-Zip:** FRUITLAND PARK, FL 34731**Title:** VPD (X) Change ( ) Addition  
**Name:** CLUTTS, NANCY  
**Address:** 926 LAKE ELSIE DRIVE  
**City-St-Zip:** TAVARES, FL 32778

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

PRES

08/22/2008

Electronic Signature of Signing Officer or Director

Date