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FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **N21279** (7)  
1. Corporation Name  
**LAKE MARY-HEATHROW FESTIVAL OF THE ARTS, INC.**



Principal Place of Business

Mailing Address

Miss Joanne L. Bourg  
1517 Cherry Ridge Dr.  
Heathrow, FL 32746

Miss Joanne L. Bourg  
1517 Cherry Ridge Dr.  
Heathrow, FL 32746

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/23/1987

4. FEI Number

59-2822893

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83 *Name agent*

84 *Name and Address Change*

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

*Joanne L. Bourg*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/7/98

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME LASH, DELORES  
STREET ADDRESS 213 COUNTRY CLUB RD  
CITY-ST-ZIP LAKE MARY FL ☐ DELETE

TITLE DO  
NAME OTTO, MARY  
STREET ADDRESS 1442 FARINDON CR  
CITY-ST-ZIP HEATHROW FL ☒ DELETE

TITLE SD  
NAME STANFORD, SUZANNE  
STREET ADDRESS 522 DEXTER ST  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE TC  
NAME Miss Joanne L. Bourg  
STREET ADDRESS 1517 Cherry Ridge Dr.  
CITY-ST-ZIP Heathrow, FL 32746 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE D  
2.2 NAME Dick Mamele Dir.  
2.3 STREET ADDRESS 230 N. Park Ave.  
2.4 CITY-ST-ZIP Sanford, FL 32771 ☐ Change ☒ Addition

3.1 TITLE S.D.  
3.2 NAME Betty Carroll Dir.  
3.3 STREET ADDRESS 504 Eastbrook Ave.  
3.4 CITY-ST-ZIP Winter Park, FL 32792 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

*Joanne L. Bourg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/98

Date

407-333-2357

Daytime Phone #

CP2E037 (10/97)