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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N23202** **(7)**

1. Corporation Name

FRIENDS OF THE LYRIC, INC.

Principal Place of Business	Mailing Address
59 FLAGLER AVE STUART FL 34994	59 FLAGLER AVE STUART FL 34994-2140

3. Date Incorporated or Qualified: **10/28/1987**
3a. Date of Last Report: **04/17/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **65-0016846** ☐ 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

DONOHUE, EDITH
144 N.E. EDGEWATER DRIVE
#3 103
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name: Patricia Austin Novak
82 Street Address (P.O. Box Number is Not Acceptable): 3515 Canoe Place
83 City: Palm City FL 34990
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: Patricia Austin Novak — 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	☒ Change ☐ Addition
NAME	DONOHUE, EDITH		1.2 NAME	Patricia Austin Novak	
STREET ADDRESS	144 NE EDGWATER DR #3 103		1.3 STREET ADDRESS	3515 Canoe Place	
CITY-ST-ZIP	STUART FL 34996		1.4 CITY-ST-ZIP	Palm City, FL. 34990	
TITLE	VD	☐ DELETE	2.1 TITLE	Treasurer	☒ Change ☒ Addition
NAME	MAC MILLAN, DAVID		2.2 NAME	Priscilla Bailey	
STREET ADDRESS	201 SE HARBOR POINT DR		2.3 STREET ADDRESS	3102 SW Martin Downs Blvd.	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	Palm City, FL 34990	
TITLE	VD	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	BALDWIN, VIRGINA		3.2 NAME	Kevin McLaughlin	
STREET ADDRESS	648 S. BRYANT AVE		3.3 STREET ADDRESS	4211 NE Cheri Drive	
CITY-ST-ZIP	STUART FL 34994		3.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, PATRICIA		4.2 NAME		
STREET ADDRESS	3221 SW SUNSET TRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAYES, MICHAEL		5.2 NAME		
STREET ADDRESS	US #1 & COLORADO AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Patricia Austin Novak — 1-24-97 — 561 223 5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #