

FILE NOW: FILING FEE IS \$61.25

FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23202** (7)
1. Corporation Name
FRIENDS OF THE LYRIC, INC.



Principal Place of Business 59 FLAGLER AVE STUART FL 34994	Mailing Address 59 FLAGLER AVE STUART FL 34994
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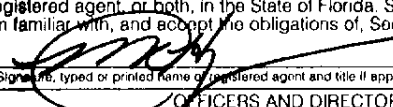
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/28/1987	4. FEI Number 65-0016846	Applied For ☐ 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	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		

9. Name and Address of Current Registered Agent NOVAK, PATRICIA A 3515 CANOE PLACE #3 103 PALM CITY FL 34990
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10. Name and Address of New Registered Agent 81 Name Michael Hayes 82 Street Address (P.O. Box Number is Not Acceptable) 18658 SE River Edge Rd. 83 84 City Tequesta FL 85 Zip Code 33469
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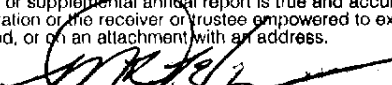
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4-22-98**

12. OFFICERS AND DIRECTORS	
TITLE	P ☒ DELETE
NAME	NOVAK, PATRICIA A
STREET ADDRESS	3515 CANOE PLACE
CITY-ST-ZIP	PALM CITY FL
TITLE	VD ☒ DELETE
NAME	MAC MILLAN, DAVID
STREET ADDRESS	201 SE HARBOR POINT DR
CITY-ST-ZIP	STUART FL
TITLE	T ☒ DELETE
NAME	BAILEY, PRISCILLA
STREET ADDRESS	3102 S.W. MARTIN DOWNS BLVD.
CITY-ST-ZIP	PALM CITY FL
TITLE	VP ☐ DELETE
NAME	MCLAUGHLIN, KEVIN
STREET ADDRESS	4211 N.E. CHERI DRIVE
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	TD ☒ DELETE
NAME	HAYES, MICHAEL
STREET ADDRESS	US #1 & COLORADO AVE
CITY-ST-ZIP	STUART FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	V.P. Robert Burson
1.3 STREET ADDRESS	1569 SE Pitcher Rd.
1.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	VP John Nickerson
2.3 STREET ADDRESS	919 NE Juniper Place
2.4 CITY-ST-ZIP	Jensen Beach, FL 34957
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Brenda Dashant
3.3 STREET ADDRESS	111 Cortez
3.4 CITY-ST-ZIP	Stuart, FL 34994
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	Past President V. Kevin McLaughlin
4.3 STREET ADDRESS	4211 NE Cheri Dr.
4.4 CITY-ST-ZIP	Jensen Beach FL 34957
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	President Michael Hayes
5.3 STREET ADDRESS	18658 SE River Edge Rd.
5.4 CITY-ST-ZIP	Tequesta FL 33469
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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  DATE **4-22-98**

CR2E037 (10/97)