FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27, 1999 8:00 am
Secretary of State
05-27-1999 90006 028 ****70.00

0075408

DOCUMENT # N23202

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

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

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

3. Date Incorporated or Qualifed: 10/28/1987

4. FEI Number: 65-0016846 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HAYES, MICHAEL
18650 SE RIVER EDGE RD
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name: John Lesser
82 Street Address (P.O. Box Number is Not Acceptable): 59 SW Flagler Ave
83
84 City: Stuart FL 85 Zip Code: 34994

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 [signature] May 17, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	BURSON, ROBERT		1.2 NAME	Robert Burson	
STREET ADDRESS	1569 SE PITCHER RD		1.3 STREET ADDRESS	1569 SE Pitcher Road	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		1.4 CITY-ST-ZIP	Port St. Lucie FL 34952	
TITLE	V	☐ DELETE	2.1 TITLE	V.P.	☐ Change ☒ Addition
NAME	NICKERSON, JOHN		2.2 NAME	Denise Belizar	
STREET ADDRESS	919 NE JUNIPER PLACE		2.3 STREET ADDRESS	1268 SE Naples Lane	
CITY-ST-ZIP	JENSEN BEACH FL 34957		2.4 CITY-ST-ZIP	Pt. St. Lucie, FL - 3498	
TITLE	T	☐ DELETE	3.1 TITLE	~~PP~~ Treasurer	☒ Change ☒ Addition
NAME	BAILEY, PRISCILLA		3.2 NAME	Cathy Brooks	
STREET ADDRESS	3102 S.W. MARTIN DOWNS BLVD.		3.3 STREET ADDRESS	6187 SE Riverboat Dr. # 1024	
CITY-ST-ZIP	PALM CITY FL		3.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE	PP	☒ DELETE	4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	MCLAUGHLIN, KEVIN		4.2 NAME	Helen Fine	
STREET ADDRESS	4211 N.E. CHERI DRIVE		4.3 STREET ADDRESS	170 SE. St. Lucie Blvd.	
CITY-ST-ZIP	JENSEN BEACH FL 34957		4.4 CITY-ST-ZIP	Stuart, Fl 34996	
TITLE	P	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAYES, MICHAEL		5.2 NAME		
STREET ADDRESS	18658 SE RIVER EDGE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		5.4 CITY-ST-ZIP		
TITLE	CS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BASHANT, BRENDA		6.2 NAME		
STREET ADDRESS	111 CORTEZ		6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		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, with all other like empowered.

SIGNATURE: X ~~SIGNATURE REQUIRED~~ Executive Dir X 5/10/99 X 561-220-1942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E037 (11/98)