FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N24035 (0)

1. Corporation Name

LAKE COUNTY CONSERVATION COUNCIL, INCORPORATED

Principal Place of Business	Mailing Address
1118 OLD MT DORA ROAD EUSTIS FL 32726 US	1118 OLD MT DORA RD EUSTIS FL 32726 US

3. Date Incorporated or Qualified: **12/21/1987**

3a. Date of Last Report: **04/10/1995**

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: **23-7109084** ☐ 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

FOLEY, NADINE D.
19001 TWIN PONDS RD
UMATILLA FL 32784

10. Name and Address of New Registered Agent

81 Name

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

83

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 _____ 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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FOLEY, NADINE D.		1.2 NAME		
STREET ADDRESS	19001 TWIN PONDS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TURVILLE JR., HAROLD		2.2 NAME		
STREET ADDRESS	150 W MINNEHAHA AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, ELIZABETH		3.2 NAME		
STREET ADDRESS	PO BOX 1087 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEIRSDALE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BENTON, JOHN		4.2 NAME		
STREET ADDRESS	1118 OLD MT DORA RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SWARTZ, GENA		5.2 NAME		
STREET ADDRESS	1811 MAINE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EMERY, EGOR		6.2 NAME		
STREET ADDRESS	19020 LAKE SWATARA DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Nadine D. Foley Mar. 12, 1996 (352) 669-2398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nadine D. Foley

CR2E037 (12/95)