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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90272 002 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N24035

1. Corporation Name

LAKE COUNTY CONSERVATION COUNCIL, INCORPORATED

Principal Place of Business

1118 OLD MT DORA ROAD
EUSTIS FL 32726
US

Mailing Address

1118 OLD MT DORA RD
EUSTIS FL 32726
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/21/1987

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

9. Name and Address of Current Registered Agent

MORRIS, DONNA L
2713 GRIFFIN AVE
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name

Gray, Ruth

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

33325 E. Lake Joanna Dr

83

84 City Eustis

FL

85 Zip Code

32736-7229

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 *Ruth R. Gray*
Signature, typed or printed name of registered agent and date if applicable

Ruth R. Gray - Director/President

4/29/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MORRIS, DONNA L
STREET ADDRESS 2713 GRIFFIN AVE
CITY-ST-ZIP LADY LAKE FL ☒ DELETE

TITLE D
NAME TURVILLE JR., HAROLD
STREET ADDRESS 150 W MINNEHAHA AVENUE
CITY-ST-ZIP CLERMONT FL ☐ DELETE

TITLE DVP
NAME SCHNEIDER, SHEILA
STREET ADDRESS 13224 CASPER LANE
CITY-ST-ZIP CLERMONT FL ☐ DELETE

TITLE TD
NAME BENTON, JOHN
STREET ADDRESS 1118 OLD MT DORA RD
CITY-ST-ZIP EUSTIS FL ☐ DELETE

TITLE D
NAME REED, ROLON
STREET ADDRESS 16738 CR 448
CITY-ST-ZIP MT. DORA FL ☒ DELETE

TITLE D
NAME FOLEY, NADINE D
STREET ADDRESS 19001 TWIN PONDS RD.
CITY-ST-ZIP UMATILLA FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME GRAY, RUTH
1.3 STREET ADDRESS 33325 E. Lake Joanna Dr.
1.4 CITY-ST-ZIP EUSTIS, FL ☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE DVP
3.2 NAME Schneider, MARK
3.3 STREET ADDRESS SAME
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

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

5.1 TITLE *DP*
5.2 NAME *YOKEL, BERNIE*
5.3 STREET ADDRESS *313 POND Rd.*
5.4 CITY-ST-ZIP *MOUNT DORA, FL 32757-9667* ☐ Change ☒ Addition

6.1 TITLE *Secretary*
6.2 NAME *Abbey, Lynn*
6.3 STREET ADDRESS *1112 W. Main St., E-5*
6.4 CITY-ST-ZIP *Leesburg, FL 34748-4945* ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1999

Date

552-315-0456

Daytime Phone #

CR2E037 (11/98)