


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N26328					
1. Corporation Name THE LAKE BROOKLYN CIVIC ASSOCIATION, INC.					
Principal Place of Business 6574 BROOKLYN BAY ROAD P O BOX 1957 KEYSTONE HEIGHTS FL 32656			Mailing Address 6574 BROOKLYN BAY ROAD P O BOX 1957 KEYSTONE HEIGHTS FL 32656		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/09/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2857724	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAUMGARDNER, JUDY 4639 TANBARK ROAD JACKSONVILLE FL 32210				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL 32656			

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 James S. Hayhurst, President DATE 1/13/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME MOODY, C.E. STREET ADDRESS 6574 BROOKLYN BAY RD CITY-ST-ZIP KEYSTONE HGTS. FL				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME BAUMGARDNER, P. F. STREET ADDRESS 4639 TANBARK ROAD CITY-ST-ZIP JACKSONVILLE FL				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME BAUMGARDNER, JUDY STREET ADDRESS 4639 TANBARK ROAD CITY-ST-ZIP JACKSONVILLE FL				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME DUNN, SAMUEL O STREET ADDRESS 4651 HEADLEY ST CITY-ST-ZIP JACKSONVILLE FL				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME HICKEN, DORIS STREET ADDRESS 4793 LANNIE RD. CITY-ST-ZIP JACKSONVILLE FL				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME OWENS, C W STREET ADDRESS 6520 WOODLAND DR CITY-ST-ZIP KEYSTONE HGTS. FL				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: James S. Hayhurst DATE: 1/13/99 DAYTIME PHONE: 352-473-3221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)