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Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N30076 (6)

1. Corporation Name

FRIENDS OF THE LAKE COUNTY HORTICULTURAL LEARNIN  
G CENTER, INC.

Principal Place of Business

Mailing Address

LAKE COUNTY AGRICULTURAL CENTER  
30205 STATE ROAD 19  
TAVARES FL 32778-4299LAKE COUNTY AGRICULTURAL CENTER  
30205 STATE ROAD 19  
TAVARES FL 32778-42623. Date Incorporated or Qualified  
01/09/19893a. Date of Last Report  
05/01/19964. FEI Number  
59-2986543Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REED, DIANA K  
16738 COUNTY ROAD  
SUITE 448  
MOUNT DORA FL 3275781 Name HENLEY, RICHARD  
82 Street Address (P.O. Box Number is Not Acceptable)  
690 CAMELLIA STREET  
83  
84 City MOUNT DORA FL 85 Zip Code 32757

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 RICHARD W. HENLEY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BENTON, CATHY	
STREET ADDRESS	1118 OLD MOUNT DORA ROAD	
CITY-ST-ZIP	EUSTIS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REED, DIANA	
STREET ADDRESS	16738 CR 448	
CITY-ST-ZIP	LAKE JEM FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRIGGS, LOREEN E	
STREET ADDRESS	30646 VIX AVENUE	
CITY-ST-ZIP	EUSTIS F	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENLEY, RICHARD	
STREET ADDRESS	690 CAMELLIA STREET	
CITY-ST-ZIP	MT. DORA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TATJE, BRUCE	
1.3 STREET ADDRESS	2001 OLD US HWY. 441	
1.4 CITY-ST-ZIP	MOUNT DORA FL 32757	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COURNAYA, TERRY	
2.3 STREET ADDRESS	105 E. OAK STREET	
2.4 CITY-ST-ZIP	HOWAY-IN-THE-HILLS, FL 34737	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GRAEBER, DIANA	
3.3 STREET ADDRESS	1610 CRESTVIEW DR	
3.4 CITY-ST-ZIP	MOUNT DORA, FL 32757	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014846

CR2E037 (9/96)

Diana Stricker Jan 8, 1997 352-333-4816