


FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90029 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30076					
1. Corporation Name FRIENDS OF THE LAKE COUNTY HORTICULTURAL LEARNIN G CENTER, INC.					
Principal Place of Business LAKE COUNTY AGRICULTURAL CENTER 30205 STATE ROAD 19 TAVARES FL 32778-4299			Mailing Address LAKE COUNTY AGRICULTURAL CENTER 30205 STATE ROAD 19 TAVARES FL 32778-4299		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/09/1989	
Suits, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2986543	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HENLEY, RICHARD			81 Name		
690 CAMELLIA ST.			82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 448			30205 State Road 19		
MOUNT DORA FL 32757			83		
			84 City		
			Tavares		
			FL		
			85 Zip Code		
			32778		
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 _____					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATJE, BRUCE	1.2 NAME	
STREET ADDRESS	2001 OLD US HWY 441	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MOUNT DORA FL	1.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE LAMB	2.2 NAME	Lamb, Hope
STREET ADDRESS	P O BOX 121104 N/A	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CLERMONT FL 34712	2.4 CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAEBER, DIANA	3.2 NAME	
STREET ADDRESS	1610 CRESTMEW DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MOUNT DORA FL	3.4 CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENLEY, RICHARD	4.2 NAME	Lyles, Patricia
STREET ADDRESS	690 CAMELLIA STREET	4.3 STREET ADDRESS	6711 North Street
CITY-STATE-ZIP	MT. DORA FL	4.4 CITY-STATE-ZIP	Groveland, FL 34736
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Hipsley, Sudi
STREET ADDRESS		5.3 STREET ADDRESS	6616 Tuscaquilla Drive
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Leesburg, FL 34748
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Henley, Richard
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99 352-343-4101

Date Daytime Phone #

CR2E037 (1/98)