

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 # **N39405** (8)

1. Corporation Name

LUPUS/SCLERODERMA SOCIETY OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

P O BOX 1811
TAVARES FL 32778

P O BOX 1811
TAVARES FL 32778

3. Date Incorporated or Qualified
08/07/1990

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 **920 N. Orange Ave.**

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Tavares, FL**

28 Zip

24 **32778**

25 Country

29 Zip

30 Country

4. FEI Number
59-3033459

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

10. Name and Address of New Registered Agent

**GRAVES, RACHEL P.
920 N. ORANGE AVE.
TAVARES FL 32778-2338**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE
NAME **BEKEMEYER, CAROL ANN**
STREET ADDRESS **2 KING STREET**
CITY-ST-ZIP **EUSTIS FL**

TITLE **D** ☒ DELETE
NAME **000K, HELEN D**
STREET ADDRESS **1730 U.S. HIGHWAY 27**
CITY-ST-ZIP **CLERMONT FL**

TITLE **DST** ☐ DELETE
NAME **PATRICK, LOUISE**
STREET ADDRESS **920 N. ORANGE AVE.**
CITY-ST-ZIP **TAVARES FL**

TITLE **DP** ☐ DELETE
NAME **GRAVES, RACHEL P**
STREET ADDRESS **920 N ORANGE AVE**
CITY-ST-ZIP **TAVARES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Leslie Kornhaus**
2.4 CITY-ST-ZIP **552 Highland Drive**
Eustis, FL 32726

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Betty Sandgren**
4.4 CITY-ST-ZIP **618 Tracy Drive**
Lady Lake, FL 32159

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Rachel P. Graves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

352 343 3304

Date

Daytime Phone #

CR2E037 (12/95)