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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N39405 (8)**

1. Corporation Name

**LUPUS/SCLERODERMA SOCIETY OF CENTRAL FLORIDA, IN
C.**

Principal Place of Business

Mailing Address

**920 N. ORANGE AVE.
TAVARES FL 32778
US****P O BOX 1811
TAVARES FL 32778-1811**

3. Date Incorporated or Qualified

08/07/1990

3a. Date of Last Report

01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 29123 CROSBY RD.**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 TAVARES, FL**27****24**

Zip

Country

Zip

Country

32778**USA****29****30**

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)

29123 CROSBY RD.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETENAME **DV BEKEMEYER, CAROL ANN**STREET ADDRESS **2 KING STREET**CITY-ST-ZIP **EUSTIS FL**TITLE ☐ DELETENAME **D KORNHAUS, LESLIE**STREET ADDRESS **552 HIGHLAND DRIVE**CITY-ST-ZIP **EUSTIS FL**TITLE ☐ DELETENAME **DST PATRICK, LOUISE**STREET ADDRESS **920 N. ORANGE AVE.**CITY-ST-ZIP **TAVARES FL**TITLE ☐ DELETENAME **D SANDGREN, BETTY**STREET ADDRESS **618 TRACY DRIVE**CITY-ST-ZIP **LADY LAKE FL**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition☐ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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:

Rachel P. Graves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

Date

352-343-3304Daytime Phone # **0014826**

CR2E037 (9/96)