

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR -6 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39701

(0)

1. Corporation Name

SOUTHLAKE COMMUNITY FOUNDATION, INC.
800 U.S. Highway 27, Clermont, FL 34711

Principal Place of Business

KERRY M WILSON
141 5TH ST NW SUITE 300
WINTER HAVEN FL 33881

SAME
AS ABOVE

Robert L. Chapman II
800 US Hwy. 27
Clermont FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/27/1990	3a. Date of Last Report 05/31/1994
4. FEI Number 59-3033705	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

21 800 U.S. Hwy 27 FL 34711

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 Same as 21

Suite, Apt. #, etc.

27 SAME

City & State

23 Clermont FL

City & State

28 SAME

Zip

24 34711

Country

25 LAKE

Zip

29 SAME

Country

30 SAME

9. Name and Address of Current Registered Agent

WILSON, KERRY M.
141 5TH ST NW SUITE 300
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

Robert L. Chapman, II, President
Southlake Community Foundation, Inc.
800 U. S. Hwy. 27
Clermont, FL 34711

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

R. L. Chapman II

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/30/95

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHAPMAN, ROBERT L. II
STREET ADDRESS 800 US HWY 27
CITY - ST - ZIP CLERMONT FL

TITLE VD
NAME WILSON, KERRY M
STREET ADDRESS 1906 18TH ST NW
CITY - ST - ZIP WINTER PARK FL

TITLE SD
NAME RUTLEDGE, WILLIAM N.
STREET ADDRESS 8779 MIDNIGHT PASS
CITY - ST - ZIP SARASOTA FL

TITLE TD
NAME CHAPMAN, JANE M
STREET ADDRESS 1815 GERDA TER
CITY - ST - ZIP ORLANDO FL

TITLE D
NAME PATTON, VICKY
STREET ADDRESS 2525 LANIER PL
CITY - ST - ZIP DURHAM NC

TITLE D
NAME BLACKBURN, JOHN O
STREET ADDRESS BOX 940905
CITY - ST - ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(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 use appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert L. Chapman II

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Robert L. Chapman Jr. (II) President
Feb. 3rd 1995 ph. 904-242-0555, 904-394-2601

Date

Signature