

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 # N39701 (0)

1. Corporation Name

SOUTHLAKE COMMUNITY FOUNDATION, INC.

Principal Place of Business

800 US HIGHWAY 27
CLERMONT FL 34711

Mailing Address

800 US HIGHWAY 27
CLERMONT FL 34711



3. Date Incorporated or Qualified
08/27/1990

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3033705

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

ROBERT L. CHAPMAN II
800 U.S. HWY 27
CLERMONT FL 34711

81 Name

Robert L. Chapman, II

82 Street Address (P.O. Box Number is Not Acceptable)

800 U.S. Highway 27

83

84 City

Clermont

FL

85 Zip Code
34711

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

Robert L. Chapman II

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

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

☐ DELETE

1.1 TITLE D
1.2 NAME Elisabaeth C. Wilson
1.3 STREET ADDRESS 1906 18th Street, N.W.
1.4 CITY-ST-ZIP Winter Haven, FL 33880

☐ Change ☒ Addition

TITLE D
NAME ROBERT ANSLEY JR
STREET ADDRESS 7TH FLOOR 100 S.ORANGE
CITY-ST-ZIP ORLANDO FL 32801

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 600001730446
2.4 CITY-ST-ZIP -03/04/96--01036--008

☐ Change ☐ Addition

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

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1850 Gerda Terrace
3.4 CITY-ST-ZIP Zip Code = 32804

☒ Change ☐ Addition

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

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Zip Code = 27705

☒ Change ☐ Addition

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

☒ DELETE

5.1 TITLE D
5.2 NAME William H. Good
5.3 STREET ADDRESS Post Office Box 96
5.4 CITY-ST-ZIP Yalaha, FL 34797

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE D
6.2 NAME Andrea K. Zimmerman
6.3 STREET ADDRESS 734 Avenida Cuarta # 101
6.4 CITY-ST-ZIP Clermont, FL 34711

☐ Change ☒ Addition

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:

Robert L. Chapman II

1/18/96

352/394-8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)