FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000507 (5)

1. Corporation Name

LAKE COUNTY AQUATICS SWIM CLUB, INC.

Principal Place of Business	Mailing Address
1018 MONTEREY DRIVE LEESBURG FL 34748	P.O. BOX 491173 LEESBURG FL 34749-1173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1992

3a. Date of Last Report: 10/10/1994

4. FEI Number: 59-3170475 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

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

9. Name and Address of Current Registered Agent

LEACH, VIRGINIA
1018 MONTEREY DR.
LEESBURG FL 34748

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HOPKINS, PAULA	1.2 NAME	
STREET ADDRESS	164 BORDEAUX DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HALL, RICHARD	2.2 NAME	
STREET ADDRESS	9850 JACKSON RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	HENDERSON, SANNA	3.2 NAME	D Mickey Burleson
STREET ADDRESS	1216 NORTH OAK DR.	3.3 STREET ADDRESS	225 Bentbough Dr
CITY-ST-ZIP	LEESBURG FL 34748	3.4 CITY-ST-ZIP	Leesburg, Fl 34748
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	LEACH, VIRGINIA	4.2 NAME	
STREET ADDRESS	1018 S. MONTEREY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOORNSTRA, JOHN	5.2 NAME	D Richard Hindkley
STREET ADDRESS	10823 MARGARET DRIVE	5.3 STREET ADDRESS	2923 David Stewart Lane
CITY-ST-ZIP	TAVARES FL 32778	5.4 CITY-ST-ZIP	Lady Lake, Fl 32159
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WELLS, WILLIAM	6.2 NAME	
STREET ADDRESS	1903 VINE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	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)(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: Virginia Leach 4/28/95 904 728 6438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000040