

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 # N92000000507 (5)

1. Corporation Name

LAKE COUNTY AQUATICS SWIM CLUB, INC.



Principal Place of Business

1018 MONTEREY DRIVE
LEESBURG FL 34748

Mailing Address

P.O. BOX 491173
LEESBURG FL 34749-1173

3. Date Incorporated or Qualified
11/30/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3170475

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

LEACH, VIRGINIA
1018 MONTEREY DR.
LEESBURG FL 34748

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE

D

☐ Change ☐ Addition

NAME
HOPKINS, PAULA
STREET ADDRESS
164 BORDEAUX DRIVE
CITY-ST-ZIP
LEESBURG FL 34748

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Lori Veith
915 S 9th St
Leesburg, FL 34748

☐ Change ☐ Addition

TITLE ☒ DELETE

2.1 TITLE

D

☐ Change ☐ Addition

NAME
HALL, RICHARD
STREET ADDRESS
9850 JACKSON RD.
CITY-ST-ZIP
LEESBURG FL 34788

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Kay Dillon
100440 Silver Bluff Dr
Leesburg, FL 34788

☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE

NAME
BURLESON, MICKEY
STREET ADDRESS
225 BENTBOUGH DR
CITY-ST-ZIP
LEESBURG FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE

NAME
LEACH, VIRGINIA
STREET ADDRESS
1018 S. MONTEREY
CITY-ST-ZIP
LEESBURG FL 34748

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE

5.1 TITLE

D

☐ Change ☐ Addition

NAME
HINDKLEY, RICHARD
STREET ADDRESS
2923 DAVID STEWART LANE
CITY-ST-ZIP
LADY LAKE FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Karen Vincent
P O Box 533
Matilla, FL 32784

☐ Change ☐ Addition

TITLE ☒ DELETE

6.1 TITLE

D

☐ Change ☐ Addition

NAME
WELLS, WILLIAM
STREET ADDRESS
1903 VINE ST.
CITY-ST-ZIP
LEESBURG FL 34748

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Irene James
27401 State Rd 19
Tayares, FL 32778

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 199.07(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: *Virginia Leach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

252 228 6438
Daytime Phone #

CR2E037 (12/95)