

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

1018 MONTEREY DRIVE  
LEESBURG FL 34748P.O. BOX 49173  
LEESBURG FL 34749-1173

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

03/20/1996

4. FEI Number

59-3170475

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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

*Virginia Leach*

(NOTE: Registered Agent signature required when reinstating)

April 14, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VEITH, LORI	
STREET ADDRESS	915 S 9TH STREET	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DILLON, KAY	
STREET ADDRESS	100440 SILVER BLUFF DRIVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURLESON, MICKEY	
STREET ADDRESS	225 BENTBOUGH DR	
CITY-ST-ZIP	LEESBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEACH, VIRGINIA	
STREET ADDRESS	1018 S. MONTEREY	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VINCENT, KAREN	
STREET ADDRESS	P.O. BOX 533	
CITY-ST-ZIP	UMATILLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, IRENE	
STREET ADDRESS	27401 STATE ROAD 19	
CITY-ST-ZIP	TAVARES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zoe Anne Barley	
1.3 STREET ADDRESS	2144 Maples Lane	
1.4 CITY-ST-ZIP	Fruitland Park, FL 34731	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Penny Bennett	
2.3 STREET ADDRESS	2102 Butler St	
2.4 CITY-ST-ZIP	Leesburg FL 34748	
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Perry Blessing	
3.3 STREET ADDRESS	4419 Blue Simba	
3.4 CITY-ST-ZIP	Howey in the Hills, FL 34733	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tracy Matthews	
5.3 STREET ADDRESS	7 Hickory Hill Homestead	
5.4 CITY-ST-ZIP	Lady Lake, FL 32159	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Richard Sporkman	
6.3 STREET ADDRESS	9850 Jackson Rd	
6.4 CITY-ST-ZIP	Leesburg FL 34748	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Date

352 728 6488

Daytime Phone # 0070254

CR2E037 (9/96)