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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90300 019 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000507

1. Corporation Name

LAKE COUNTY AQUATICS SWIM CLUB, INC.

540801 - 90300 - 19

Principal Place of Business

1018 MONTEREY DRIVE
LEESBURG FL 34748

Mailing Address

P.O. BOX 491173
LEESBURG FL 34749-1173



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/30/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3170475

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

Virginia Leach

Virginia Leach

May 13, 1999

Signature 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
NAME **D**
STREET ADDRESS **BARLEY, ZOE A**
CITY-ST-ZIP **2144 MOPLES LN**
FRUITLAND PARK FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DAVID MARSHALL**
CITY-ST-ZIP **05634 HARBOR DR**
FRUITLAND PARK FL 34731

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE
NAME **P**
STREET ADDRESS **BLESSING, PERRY**
CITY-ST-ZIP **#913 BLUE SINBAD**
HOWEY IN THE HILLS FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **LEACH, VIRGINIA**
CITY-ST-ZIP **1018 S. MONTEREY**
LEESBURG FL 34748

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **KIMBER KEENE**
CITY-ST-ZIP **34614 ESTES RD**
EUSTIS FL 32736

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SPARKMAN, RICHARD**
CITY-ST-ZIP **9850 JACKSON RD**
LEESBURG FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Virginia Leach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 13, 1999 352 724 6887
Date Daytime Phone #

CR2E037 (1/98)