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 # N93000003839 (8)

1. Corporation Name

LAKE COUNTY SYMPHONY BOARD, INC.

Principal Place of Business	Mailing Address
980 BICHARA BLVD. LADY LAKE FL 32159	980 BICHARA BLVD. LADY LAKE FL 32159

3. Date Incorporated or Qualified: 08/25/1993

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

4. FEI Number: 59-3198019 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2928 PORTO BELLO AVE	26 P.O. BOX 493107
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LEESBURG FL	28 City & State: LEESBURG, FL
24 Zip: 34748 25 Country: USA	29 Zip: 34749-3107 30 Country: USA

9. Name and Address of Current Registered Agent

KILEY, JOHN F
980 BICHARA BLVD.
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 38829 BERCHFIELD RD

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: _____ (NOTE: Registered Agent's signature required when executing) DATE: _____

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	D	☒ Change ☐ Addition
NAME	KILEY, JOHN F.		12 NAME		
STREET ADDRESS	980 BICHARA BLVD.		13 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL 32159		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE	PD	☒ Change ☐ Addition
NAME	HEWITT, SARAH JANE		22 NAME		
STREET ADDRESS	2928 PORTO BELLO AVE.		23 STREET ADDRESS		
CITY-ST-ZIP	LEEESBURG FL 34749-0697		24 CITY-ST-ZIP	34748	
TITLE	S	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	VALDEZ, ANITA		32 NAME		
STREET ADDRESS	300 LAKE ELLA RD.		33 STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL 34731		34 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LESTER, CAROLYN		42 NAME		
STREET ADDRESS	4125 BAIR AVE.		43 STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL 34731		44 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	51 TITLE		☐ Change ☒ Addition
NAME	KESLER, JANE		52 NAME		
STREET ADDRESS	5647 OHIO AVE.		53 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		54 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	61 TITLE		☐ Change ☒ Addition
NAME	CAUTHEN, ROBIN		62 NAME		
STREET ADDRESS	9313 SILVER LAKE DR		63 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		64 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)(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: Sarah Joanne Hewitt — 4-26-96 — 904 787-5651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)