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
980 BICHARA BLVD.
LADY LAKE FL 32159

Mailing Address
980 BICHARA BLVD.
LADY LAKE FL 32159

3. Date Incorporated or Qualified: 08/25/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 2928 PORTO BELLO AVE
22 Suite, Apt. #, etc.
23 City & State: LEESBURG FL
24 Zip: 34748
25 Country: USA

2a. Mailing Address
26 P.O. BOX 493107
27 Suite, Apt. #, etc.
28 City & State: LEESBURG, FL
29 Zip: 34749-3107
30 Country: USA

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

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: _____ (Signature, Typed or printed name of Registered Agent and the date adopted) (NOTE: Registered Agent Signature required when name is changed) DATE: _____

CR2E037 (12/95)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KILEY, JOHN F.	
STREET ADDRESS	980 BICHARA BLVD.	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	VD	☐ DELETE
NAME	HEWITT, SARAH JANE	
STREET ADDRESS	2928 PORTO BELLO AVE.	
CITY-ST-ZIP	LEEESBURG FL 34749-0697	
TITLE	S	☒ DELETE
NAME	VALDEZ, ANITA	
STREET ADDRESS	300 LAKE ELLA RD.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	TD	☐ DELETE
NAME	LESTER, CAROLYN	
STREET ADDRESS	4125 BAIR AVE.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	VD	☐ DELETE
NAME	KESLER, JANE	
STREET ADDRESS	5647 OHIO AVE.	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	SD	☐ DELETE
NAME	CAUTHEN, ROBIN	
STREET ADDRESS	9313 SILVER LAKE DR	
CITY-ST-ZIP	LEESBURG, FL 34748	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	34748	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☒ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 Jane Hewitt — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 — Date

904 787-5651 — Daytime Phone #