

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003839 (8)**

1. Corporation Name

LAKE COUNTY SYMPHONY BOARD, INC.

Principal Place of Business

**2926 PORTO BELLO AVE
LEESBURG FL 34748
US**

Mailing Address

**PO BOX 493107
LEESBURG FL 34749-3107
US**



3. Date Incorporated or Qualified 08/25/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3198019	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**KILEY, JOHN F
38829 BERCHFIELD RD
LADY LAKE FL 32159**

10. Name and Address of New Registered Agent

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILEY, JOHN F.	1.2 NAME	
STREET ADDRESS	980 BICHARA BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, SARAH JANE	2.2 NAME	
STREET ADDRESS	2928 PORTO BELLO AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDEZ, ANITA	3.2 NAME	
STREET ADDRESS	300 LAKE ELLA RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, CAROLYN	4.2 NAME	
STREET ADDRESS	4125 BARR AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESLER, JANE	5.2 NAME	
STREET ADDRESS	5647 OHIO AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUTHEN, ROBIN	6.2 NAME	
STREET ADDRESS	9313 SILVER LAKE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	

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:

Sarah Jane Hewitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0070289**

CR2E037 (9/96)