


AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

2928 PORTO BELLO AVE
LEESBURG FL 34748
US

PO BOX 493107
LEESBURG FL 34749-3107
US

2. Principal Place of Business

2a. Mailing Address

21 300 Lake Ella Rd

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Fruitland Park, FL

City & State

24 Zip 34731

25 Country Lake

29 Zip

30 Country

9. Name and Address of Current Registered Agent

KILEY, JOHN F
38829 BERCHFIELD RD
LADY LAKE FL 32159

3. Date Incorporated or Qualified

08/25/1993

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Anita Valdez

82 Street Address (P.O. Box Number is Not Acceptable)

300 Lake Ella Rd

83

Fruitland Park

84 City

FL

85 Zip Code

34731

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

Anita Valdez

9-1-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME KILEY, JOHN F.
STREET ADDRESS 980 BICHARA BLVD.
CITY-ST-ZIP LADY LAKE FL

TITLE PD ☒ DELETE

NAME HEWITT, SARAH JANE
STREET ADDRESS 2928 PORTO BELLO AVE.
CITY-ST-ZIP LEESBURG FL

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

TITLE SD ☒ DELETE

NAME CAUTHEN, ROBIN
STREET ADDRESS 9313 SILVER LAKE DR
CITY-ST-ZIP LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

600002699076--6
-12/01/98--01061--028
*****61.25 *****61.25

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

P Valdez, Anita ☒ Change ☐ Addition
300 Lake Ella Rd
Fruitland Park, FL 34731

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TD Woodley G. Trussell ☐ Change ☒ Addition
910 Belle Oak Dr.
Leesburg, FL 34748

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

VD Jane Townsend ☐ Change ☒ Addition
820 Palm Harbor Ct.
Leesburg, FL 34748

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD Kris Stewart ☐ Change ☒ Addition
34415 Kingfish
Fruitland Park, FL 34731

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.

SIGNATURE: Anita Valdez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-98 (352) 326-9116

APPROVED
AND
FILED

98 NOV 23 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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