

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90004 018 ****61.25

DOCUMENT # N93000003839

1. Corporation Name

LAKE COUNTY SYMPHONY BOARD, INC.

Principal Place of Business

300 LAKE ELLA RD.
FRUITLAND PARK FL 34731
US

Mailing Address

PO BOX 493107
LEESBURG FL 34749-3107
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

VALDEZ, ANITA
300 LAKE ELLA RD.
FRUITLAND PARK FL 34731

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

TITLE P ☐ DELETE

NAME VALDEZ, ANITA
STREET ADDRESS 300 LAKE ELLA RD.
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE TD ☒ DELETE

NAME TRUSSELL, WOODLEY G
STREET ADDRESS 910 BELLE OAK DR.
CITY-ST-ZIP LEESBURG FL 34748

TITLE VD ☐ DELETE

NAME TOWNSEND, JANE
STREET ADDRESS 820 PALM HARBOR CT.
CITY-ST-ZIP LEESBURG FL 34748

TITLE SD ☐ DELETE

NAME STEWART, KRIS
STREET ADDRESS 34415 KINGFISH
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE D ☐ DELETE

NAME Alada Faber
STREET ADDRESS 106 W. Palmetto St
CITY-ST-ZIP Leesburg FL 34748

TITLE D ☐ DELETE

NAME Jane Kesler
STREET ADDRESS 5647 Ohio Ave
CITY-ST-ZIP Lady Lake FL 32159

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (11/98)