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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000487 (7)**

1. Corporation Name
LAKE EUSTIS MUSEUM OF ART, INC.

Principal Place of Business	Mailing Address
113 N. BAY STREET EUSTIS FL 32726	113 N. BAY STREET EUSTIS FL 32726-3402

3. Date Incorporated or Qualified: 01/26/1995
3a. Date of Last Report: 11/25/1996

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-3283149 ☐ 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

SEMENTO, LAWRENCE J
531 N. BAY STREET
EUSTIS FL 32726

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ZIEGENGEIST, MARY		1.2 NAME		
STREET ADDRESS	3151 INDIAN TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HIGGINS, KACE		2.2 NAME		
STREET ADDRESS	1005 WASHINGTON AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARNETT, NANCY		3.2 NAME		
STREET ADDRESS	28 PINE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VOODRY, MADELEINE		4.2 NAME		
STREET ADDRESS	512 ESSEX AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RYAN, KATHLEEN		5.2 NAME		
STREET ADDRESS	3001 JAVENS CIRCLE, UNIT 13		5.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 21716-3275		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SZUNYOG, MICHAEL		6.2 NAME		
STREET ADDRESS	1307 E. LAKEVIEW		6.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Madeleine Voodry Madeleine Voodry 4/26/97 (352)383-0382