SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90002 028 ****61.25

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DOCUMENT # N95000000487

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
1	26	01/26/1995
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 59-3283149 ☐ Applied For ☐ Not Applicable
City & State 3	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 4 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	PD	☐ Change ☒ Addition
NAME	ZIEGENGEIST, MARY		1.2 NAME	Ziegengeist, Mary	
STREET ADDRESS	3151 INDIAN TRAIL		1.3 STREET ADDRESS	3151 Indian Trail	
CITY-ST-ZIP	EUSTIS FL 32726		1.4 CITY-ST-ZIP	Eustis, Fl 32726	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	MICHAEL SZUNYOG		2.2 NAME	Michael Szunyog	
STREET ADDRESS	1307 E LAKEVIEW		2.3 STREET ADDRESS	1307 E. Lakeview	
CITY-ST-ZIP	EUSTIS FL 32726		2.4 CITY-ST-ZIP	Eustis, Fl. 32726	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	BARNETT, NANCY		3.2 NAME	Gloria Smith	
STREET ADDRESS	28 PINE ST.		3.3 STREET ADDRESS	2834 Westland Rd	
CITY-ST-ZIP	EUSTIS FL 32726		3.4 CITY-ST-ZIP	Mt. Dora, Fl. 32757	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	VOODRY, MADELEINE		4.2 NAME	Cleme L. Dipilla	
STREET ADDRESS	512 ESSEX AVE.		4.3 STREET ADDRESS	19451 Spring Oak Dr.	
CITY-ST-ZIP	MOUNT DORA FL 32757		4.4 CITY-ST-ZIP	Eustis, Fl. 32736	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	RYAN, KATHLEEN		5.2 NAME	Kathleen Ryan	
STREET ADDRESS	3001 JAVENS CIRCLE, UNIT 13		5.3 STREET ADDRESS	3001 Javens Cir Unit 13	
CITY-ST-ZIP	MOUNT DORA FL 21716-3275		5.4 CITY-ST-ZIP	Mt. Dora, Fl. 32757	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	LOUISE CARTER		6.2 NAME	Louise Carter	
STREET ADDRESS	35549 CYPRESS CT		6.3 STREET ADDRESS	35549 Cypress Ct.	
CITY-ST-ZIP	GRAND ISLAND FL 32735		6.4 CITY-ST-ZIP	Grand Island Fl. 32735	

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 Mary Ziegengeist 7 6 99 (352) 483 5460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)