

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

DOCUMENT # N95000000487

1. Corporation Name

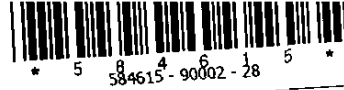
LAKE EUSTIS MUSEUM OF ART, INC.

Principal Place of Business

113 N. BAY STREET
EUSTIS FL 32726

Mailing Address

113 N. BAY STREET
EUSTIS FL 32726



2. Principal Place of Business

1 Suite, Apt. #, etc.

3 City & State

4 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/26/1995

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	ZIEGENGEIST, MARY	3151 INDIAN TRAIL	EUSTIS FL 32726	☐
VP	MICHAEL SZUNYOG	1307 E LAKEVIEW	EUSTIS FL 32726	☒
SD	BARNETT, NANCY	28 PINE ST.	EUSTIS FL 32726	☒
TD	VOODRY, MADELEINE	512 ESSEX AVE.	MOUNT DORA FL 32757	☒
D	RYAN, KATHLEEN	3001 JAVENS CIRCLE, UNIT 13	MOUNT DORA FL 21716-3275	☒
D	LOUISE CARTER	35549 CYPRESS CT	GRAND ISLAND FL 32735	☒

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5
PD	Ziegegeist, Mary	3151 Indian Trail	Eustis, FL 32726	☐ Change ☒ Addition
VP	Michael Szunyog	1307 E. Lakeview	Eustis, FL. 32726	☐ Change ☒ Addition
SD	Gloria Smith	2834 Westland Rd	Mt. Dora, FL. 32757	☐ Change ☒ Addition
TD	Cleme L. Dipilla	19451 Spring Oak Dr.	Eustis, FL. 32736	☐ Change ☒ Addition
D	Kathleen Ryan	3001 Javens Cir Unit 13	Mt. Dora, FL. 32757	☐ Change ☒ Addition
D	Louise Carter	35549 Cypress Ct.	Grand Island FL. 32735	☐ Change ☒ Addition

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: *Mary Ziegegeist*

7 6 99

(352) 483 5460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)