

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90109 037 ****61.25

DOCUMENT # N95000000487

1. Entity Name

LAKE EUSTIS MUSEUM OF ART, INC.



Principal Place of Business

113 N. BAY STREET
~~EMX09FLX32726XX~~
200 B East Orange Ave
Eustis, FL 32726

Mailing Address

113 N. BAY STREET
~~EUSTIS FL 32726X~~
P O Box 1717
Eustis, FL 32727 1717

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3283149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOLLENBECK, ROBBIE	
STREET ADDRESS	33917 E LAEK JOANNA DR.	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TERRY, ELIZA	
STREET ADDRESS	2705 GABLE AVE.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, NANCY	
STREET ADDRESS	1005 LAKEVIEW DR.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DIPILLA, CLEME L	
STREET ADDRESS	19451 SPRING OAK DR.	
CITY-ST-ZIP	EUSTIS FL 32735	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZIOGENGEIST, MARY	
STREET ADDRESS	927 SYCAMORE CIR.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOCK, MADELEINE	
STREET ADDRESS	512 ESSEX DR.	
CITY-ST-ZIP	MOUNT DORA FL 32757	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry, Eliza	
STREET ADDRESS	2705 Gables Ave. Eustis, fl. 32726	
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonnie C. Hale	
STREET ADDRESS	P O Box 1656 Eustis, Fl. 32727 1656	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hollenbeck, Robbie	
STREET ADDRESS	33917 E. Lake Joanna Dr	
CITY-ST-ZIP	Eustis, fl. 32736	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dipilla, Cleme L.	
STREET ADDRESS	19451 Spring Oak Dr. Eustis, Fl. 32736	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ziegenggeist, Mary	
STREET ADDRESS	927 Sycamore Circle Tavares, Fl. 32778	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stock, Madeleine	
STREET ADDRESS	512 Essex Dr. Mt. Dora, Fl. 32757	
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cleme L. Dipilla, Treasurer*

3-31-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #