

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90246 044 ****61.25

DOCUMENT # N95000000487

1. Entity Name

LAKE EUSTIS MUSEUM OF ART, INC.



Principal Place of Business

200 B EAST ORANGE AVE
EUSTIS FL 32726

Mailing Address

PO 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

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

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

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, 2006

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 ☐ Delete
NAME TERRY, ELIZA
STREET ADDRESS 2705 GABLES AVE
CITY-ST-ZIP EUSTIS FL 32736

TITLE VPD ☐ Delete
NAME HALE, JONNIE C
STREET ADDRESS PO BOX 1656
CITY-ST-ZIP EUSTIS FL 32727-1656

TITLE SD ☐ Delete
NAME HOLLENBECK, ROBBIE
STREET ADDRESS 33917 E. LAKE JOANNA DR
CITY-ST-ZIP EUSTIS FL 32736

TITLE TD ☐ Delete
NAME DIPILLA, CLEME L
STREET ADDRESS 19451 SPRING OAK DR.
CITY-ST-ZIP EUSTIS FL 32736

TITLE D ☐ Delete
NAME ZIEGENGEIST, MARY
STREET ADDRESS 927 SYCAMORE CIR.
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☐ 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 ☐ Change ☐ Addition
NAME *No Change*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *"*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *"*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *"*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *"*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *"*
STREET ADDRESS
CITY-ST-ZIP *There were No Changes.*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 4-27-06*