2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90014 027 ****61.25

DOCUMENT# N95000000487

1. Entity Name

LAKE EUSTIS MUSEUM OF ART, INC.

Principal Place of Business	Mailing Address
200 B EAST ORANGE AVE EUSTIS FL 32726	PO BOX 1717 EUSTIS FL 32727-1717

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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	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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TERRY, ELIZA 2705 GABLES AVE EUSTIS FL 32736	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Terry, Eliza 2705 Gables Ave. Eustis, Fl. 32726	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HALE, JONNIE C PO BOX 1656 EUSTIS FL 32727-1656	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Hale, Jonnie C P O Box 1656 Eustis, Fl. 32727 1656	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOLLENBECK, ROBBIE 33917 E. LAKE JOANNA DR EUSTIS FL 32736	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hollenbeck, Robbie 33917 E. Lake Joanna Dr. Eustis, Fl. 32736	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIPILLA, CLEME L 19451 SPRING OAK DR. EUSTIS FL 32736	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Dipilla, Cleme L. 19451 Spring Oak Drive Eustis, Fl. 32736	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIEGENGEIST, MARY 927 SYCAMORE CIR. TAVARES FL 32778	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ziegengeist, Mary 927 Sycamore Cir. Tavares, Fl. 32778	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOCK, MADELEINE 512 ESSEX DR. MOUNT DORA FL 32757	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Naomi Townsend 19662 Eagles View Cir. Umatilla, Fl. 32784	☐ Change ☑ Addition

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: Jeanne L. Dipilla, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #