

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000487

FILED
Jul 08, 2008
Secretary of State

Entity Name: LAKE EUSTIS MUSEUM OF ART, INC.

Current Principal Place of Business:

200 B EAST ORANGE AVE
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

PO BOX 1717
EUSTIS, FL 327271717

New Mailing Address:

200 B EAST ORANGE AVE
EUSTIS, FL 32726

FEI Number: 59-3283149 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LAWTON, MARIA
407 PARK LANE
EUSTIS, FL 32726 US

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.

SIGNATURE: MARIA LAWTON

07/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TERRY, ELIZA
Address: 2705 GABLES AVE
City-St-Zip: EUSTIS, FL 32736

Title: VPD () Delete
Name: HALE, JONNIE C
Address: PO BOX 1656
City-St-Zip: EUSTIS, FL 327271656

Title: SD () Delete
Name: HOLLENBECK, ROBBIE
Address: 33917 E. LAKE JOANNA DR
City-St-Zip: EUSTIS, FL 32736

Title: TD () Delete
Name: DIPILLA, CLEME L
Address: 19451 SPRING OAK DR.
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: ZIEGENGEIST, MARY
Address: 927 SYCAMORE CIR.
City-St-Zip: TAVARES, FL 32778 7

Title: D () Delete
Name: TOWNSEND, NAOMI
Address: 19662 EAGLES VIEW CIR
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAWTON, MARIA
Address: 407 PARK LANE
City-St-Zip: EUSTIS, FL 32726

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TERRY, ELIZA
Address: 2705 GABLES AVE
City-St-Zip: EUSTIS, FL 32736

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKIE M. TOOPS

ED

07/08/2008

Electronic Signature of Signing Officer or Director

Date