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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90208 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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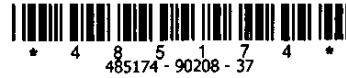
DOCUMENT # N96000002066

1. Corporation Name

LAKE CONWAY ATHLETIC ASSOCIATION, INC.

Principal Place of Business
523 WEST COLONIAL DRIVE
ORLANDO FL 32804

Mailing Address
523 WEST COLONIAL DRIVE
ORLANDO FL 32804



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/15/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3377766	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MALONE, J. MICHAEL 523 WEST COLONIAL DRIVE ORLANDO FL 32804			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	Football Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRIAN, THOMAS	1.2 NAME	Brian, Thomas		
STREET ADDRESS	12351 KENTON COURT	1.3 STREET ADDRESS	12351 Kenton Court		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32837		
TITLE	AC <input type="checkbox"/> DELETE	2.1 TITLE	Commissioner	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HURST, ANGELIA	2.2 NAME	Hurst, Angelia		
STREET ADDRESS	4658 COMMANDER DR, APT 812	2.3 STREET ADDRESS	2036 Cabo San Lucas Dr., #201		
CITY-ST-ZIP	ORLANDO FL 32812	2.4 CITY-ST-ZIP	Orlando, FL		
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIBSON, PAMELA	3.2 NAME			
STREET ADDRESS	3633 E KALEY AVE	3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32812	3.4 CITY-ST-ZIP			
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHACKELFORD, DERESE	4.2 NAME	Laura Schmanski		
STREET ADDRESS	608 S CONWAY RD, APT E	4.3 STREET ADDRESS	4402 Seils Way		
CITY-ST-ZIP	ORLANDO FL 32807	4.4 CITY-ST-ZIP	Orlando, FL 32812		
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Asst. Commissioner	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CONSGROVE, MICHAEL	5.2 NAME	Maurice Mathis		
STREET ADDRESS	3213 BRUNY DEEP CT	5.3 STREET ADDRESS	6101 Ambassador Drive		
CITY-ST-ZIP	ORLANDO FL 32837	5.4 CITY-ST-ZIP	Orlando, FL		
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Cheerleading Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CUSGROVE, CHRISTINE	6.2 NAME	Mickie Joiner		
STREET ADDRESS	3213 BRINNY DEEP CA	6.3 STREET ADDRESS	P.O. Box 550328		
CITY-ST-ZIP	ORLANDO FL 32837	6.4 CITY-ST-ZIP	Orlando, FL 32805		

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: *[Signature]* **SIGNATURE REQUIRED**

4-27-99

(401) 422-0721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)