

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90098 024 \*\*\*\*61.25

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DOCUMENT # **N98000005397**

1. Corporation Name

**SOUTH LAKE MURAL SOCIETY, INC.**



Principal Place of Business

**1380 GRAND HIGHWAY  
BANKFIST BUILDING, SECOND FLOOR  
CLERMONT FL 34711**

Mailing Address

**1380 GRAND HIGHWAY  
BANKFIST BUILDING, SECOND FLOOR  
CLERMONT FL 34711**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**09/17/1998**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-3538167**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 Zip Country

29 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**BOYETTE, K. WADE JR.  
1380 GRAND HIGHWAY  
BANKFIST BUILDING, SECOND FLOOR  
CLERMONT FL 34711**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **DUPEE, ANN**  
STREET ADDRESS **1380 GRAND HIGHWAY**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VPD** ☐ DELETE  
NAME **DUNAITIS, KAREN**  
STREET ADDRESS **1380 GRAND HIGHWAY**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **STD** ☐ DELETE  
NAME **JONES, BETTY SUE**  
STREET ADDRESS **1380 GRAND HIGHWAY**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☐ DELETE  
NAME **BILLEDEAU, GENEVIEVE**  
STREET ADDRESS **1380 GRAND HIGHWAY**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☐ DELETE  
NAME **TODD, TIM**  
STREET ADDRESS **1380 GRAND HIGHWAY**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **K. Billedeau** SIGNATURE **Karen Dunaitis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-20-99** **352-21-8650**

CR2E037 (1198)