

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **727358** (4)

1. Corporation Name
BOYS' AND GIRLS' CLUBS OF LAKE COUNTY, INC.

Principal Place of Business Mailing Address
**400 EXECUTIVE BLVD
PO BOX 491527
LEESBURG FL 34749-8527**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/05/1973** 3a. Date of Last Report **02/21/1994**
4. FEI Number **23-7318039** Applied For
Not Applicable

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for interjurisdictional tax under S. 129.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEWTON, JOSEPH T JR
1911 HELMS AVE
LEESBURG FL 34748**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WHITE, BRADLEY
STREET ADDRESS 900 14TH ST
CITY - ST - ZIP LEESBURG FL

TITLE SD
NAME BRAUN, LAURA
STREET ADDRESS 6804 LAKEVIEW DR
CITY - ST - ZIP YALAHUA FL

TITLE V
NAME SENNETT, TIM
STREET ADDRESS 491308
CITY - ST - ZIP LEESBURG FL 34749

TITLE TD
NAME STRICKLAND, JIMMY
STREET ADDRESS PO BOX 491532 N/A
CITY - ST - ZIP LEESBURG FL 34749

TITLE D
NAME NEWMAN, THOMAS
STREET ADDRESS 214 NORTH 5TH ST
CITY - ST - ZIP LEESBURG FL

TITLE C
NAME TAYLOR, LARRY
STREET ADDRESS 1029 W. MAGNOLIA ST
CITY - ST - ZIP LEESBURG FL

1 1 TITLE Change Addition
NAME **Timothy H. Sennett**
1 2 STREET ADDRESS **P.O. BOX 491308**
1 3 CITY - ST - ZIP **Leesburg FL 34749** N/A

2 1 TITLE Change Addition
NAME **Ann Hall**
2 2 STREET ADDRESS **1330 Citizens Blvd Suite 401**
2 3 CITY - ST - ZIP **Leesburg FL 34749**

3 1 TITLE Change Addition
NAME **TO TO Bradley White**
3 2 STREET ADDRESS **900 14th St.**
3 3 CITY - ST - ZIP **Leesburg FL**

4 1 TITLE Change Addition
NAME **Wiley Hill**
4 2 STREET ADDRESS **03350 Pilsdorf cut off**
4 3 CITY - ST - ZIP **Florida Park FL 34731**

5 1 TITLE Change Addition
NAME **Starkman BOAS**
5 2 STREET ADDRESS **P.O. Box 490240**
5 3 CITY - ST - ZIP **Leesburg FL 34749** N/A

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Pro. 4/14/98 (904) 326-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature #