

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **727358** (4)

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



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

3. Date Incorporated or Qualified: **09/05/1973**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business: **400 Executive Blvd.**
22. Suite, Apt. #, etc.:
23. City & State: **Leesburg, Fl.**
24. Zip: **34748**
25. Country: **U.S.**
26. Mailing Address: **P.O. Box 491527**
27. Suite, Apt. #, etc.:
28. City & State: **Leesburg, Fl.**
29. Zip: **34749-1527**
30. Country: **U.S.**

4. FEI Number: **23-7318039**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**NEWTON, JOSEPH T JR
1911 HELMS AVE
LEESBURG FL 34748**

10. Name and Address of New Registered Agent
81. Name: **William J. Gunnin**
82. Street Address (P.O. Box Number is Not Acceptable): **400 Executive Blvd.**
83. **300001746903**
84. City: **Leesburg** State: **FL** Zip Code: **34748**

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: **William J. Gunnin - Executive Director** DATE: **1-19-1996**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	SENNETT, TIMOTHY H	
STREET ADDRESS	P O BOX 491308	
CITY - ST - ZIP	LEESBURG FL	
TITLE	SD	<input type="checkbox"/>
NAME	HALL, ANN	
STREET ADDRESS	1330 CITIZENS BLVD STE 401	
CITY - ST - ZIP	LEESBURG FL	
TITLE	TD	<input type="checkbox"/>
NAME	WHITE, BRADLEY	
STREET ADDRESS	900 N 14TH ST	
CITY - ST - ZIP	LEESBURG FL	
TITLE	V	<input type="checkbox"/>
NAME	HILL, WILEY	
STREET ADDRESS	03350 PICCIOLA CUT OFF	
CITY - ST - ZIP	FRUITLAND PARK FL	
TITLE	V	<input type="checkbox"/>
NAME	BAAS, SPARKMAN	
STREET ADDRESS	P O BOX 490240	
CITY - ST - ZIP	LEESBURG FL	
TITLE	C	<input type="checkbox"/>
NAME	TAYLOR, LARRY	
STREET ADDRESS	1029 W. MAGNOLIA ST	
CITY - ST - ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Hill, Wlie		
1.3 STREET ADDRESS	03350 Picciola Cut Off		
1.4 CITY - ST - ZIP	Fruitland Park, 34731		
2.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Fuller, Barbara		
2.3 STREET ADDRESS	600 North Blvd. - Suite C		
2.4 CITY - ST - ZIP	Leesburg, Fl. 34748		
3.1 TITLE	TD	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	White, Bradley		
3.3 STREET ADDRESS	900 N. 14th St		
3.4 CITY - ST - ZIP	Leesburg, Fl. 34748		
4.1 TITLE	V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Hall, Ann		
4.3 STREET ADDRESS	1330 Citizens Blvd - Suite 401		
4.4 CITY - ST - ZIP	Leesburg, Fl. 34748		
5.1 TITLE	V	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Baas, Sparkman		
5.3 STREET ADDRESS	P.O. Box 490240		
5.4 CITY - ST - ZIP	Leesburg, 34749-0240		
6.1 TITLE	C	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Taylor, Larry		
6.3 STREET ADDRESS	1029 W. Magnolia St.		
6.4 CITY - ST - ZIP	Leesburg, Fl. 34748		

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William J. Gunnin** DATE: **1-19-96** DAYTIME PHONE #: **904-787-1937**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

83-18-1996