

**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 # 750806 (2)  
1. Corporation Name  
**LAKE-SUMTER COMMUNITY COLLEGE FOUNDATION, INC.**



Principal Place of Business: 9501 US HWY 441, LEESBURG FL 34788  
Mailing Address: 9501 US HWY 441, LEESBURG FL 34788

3. Date Incorporated or Qualified: 01/28/1980  
3a. Date of Last Report: 02/21/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1990323	Applied For: <input type="checkbox"/>	Not Applicable: <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
FORD, CHRISTPHER C. 14550 US HWY 441 TAVARES FL 32778		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: Christopher C. Ford  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)  
DATE: March 15, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MCLIN, GWEN		1.2 NAME: Faust, Bettie L.	
STREET ADDRESS: 5415 BANANA POINT DR.		1.3 STREET ADDRESS: 1620 Love Point Drive	
CITY-ST-ZIP: OKAHUMPKA FL 34762		1.4 CITY-ST-ZIP: Leesburg, FL 34748	
TITLE: PPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ALLEN, DIXIE N		2.2 NAME: Talley, Jackie	
STREET ADDRESS: 2321 JOBBINS DR.		2.3 STREET ADDRESS: PO Box 490817 N/A	
CITY-ST-ZIP: LEESBURG FL 34748		2.4 CITY-ST-ZIP: Leesburg, FL 34749-0817	
TITLE: TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SEBREE, SIS		3.2 NAME: Thornton, Randall	
STREET ADDRESS: P.O. BOX 150 N/A		3.3 STREET ADDRESS: PO Box 58 N/A	
CITY-ST-ZIP: UMATILLA FL 32784		3.4 CITY-ST-ZIP: Lake Panasoffkee, FL 33538	
TITLE: ED	<input type="checkbox"/> DELETE	4.1 TITLE: ED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SMITH, R. JERRY		4.2 NAME: Smith, R. Jerry	
STREET ADDRESS: C/O LAKE SUMTER C.C.		4.3 STREET ADDRESS: c/o Lake-Sumter CC	
CITY-ST-ZIP: LEESBURG FL 34788		4.4 CITY-ST-ZIP: Leesburg, FL 34788-8751	
TITLE: PD	<input type="checkbox"/> DELETE	5.1 TITLE: PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HEWITT, SARAH JANE		5.2 NAME: Hewitt, Sarah Jane	
STREET ADDRESS: 2928 PORTO BELLO DR.		5.3 STREET ADDRESS: 2928 Porto Bello Drive	
CITY-ST-ZIP: LEESBURG FL 34788		5.4 CITY-ST-ZIP: Leesburg, FL 34788	
TITLE: CP	<input type="checkbox"/> DELETE	6.1 TITLE: CP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WESTRICK, ROBERT		6.2 NAME: Westrick, Robert	
STREET ADDRESS: C/O LAKE-SCC		6.3 STREET ADDRESS: c/o Lake-Sumter CC	
CITY-ST-ZIP: LEESBURG FL 34788		6.4 CITY-ST-ZIP: Leesburg, FL 34788-8751	

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: *R. G. Smith* March 15, 1996 (352) 365-3515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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