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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727358** (4)
1. Corporation Name
BOYS' AND GIRLS' CLUBS OF LAKE COUNTY, INC.

Principal Place of Business 400 EXECUTIVE BLVD LEESBURG FL 34748	Mailing Address P.O. BOX 491527 LEESBURG FL 34749-1527
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/05/1973	3a. Date of Last Report 03/18/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 23-7318039	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	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 GUNNIN, WILLIAM J 400 EX. BLVD. LEESBURG FL 34748		10. Name and Address of New Registered Agent	
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: *William J. Gunnin* **Executive Director** DATE: **3-5-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENNETT, TIMOTHY H	1.2 NAME	Hill, Wylie
STREET ADDRESS	P O BOX 491308	1.3 STREET ADDRESS	PO Box 491356 (N/A)
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Leesburg, FL 34749-1356
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, ANN	2.2 NAME	Baas, Sparkman (N/A)
STREET ADDRESS	1330 CITIZENS BLVD STE 401	2.3 STREET ADDRESS	PO Box 490240 (N/A)
CITY-ST-ZIP	LEESBURG FL 34748	2.4 CITY-ST-ZIP	Leesburg, FL 34749-0240
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, BRADLEY	3.2 NAME	Strong, Scott
STREET ADDRESS	900 N 14TH ST	3.3 STREET ADDRESS	306 S. 6th St
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	PD <input type="checkbox"/> DELETE CHANGE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, WYLIE	4.2 NAME	Bartholomew, Jay
STREET ADDRESS	03350 PICCIOLA CUT OFF	4.3 STREET ADDRESS	431 U.S. Hwy 441
CITY-ST-ZIP	FRUITLAND PARK FL 34731	4.4 CITY-ST-ZIP	Lady Lake, FL 32159
TITLE	V <input type="checkbox"/> DELETE CHANGE	5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAAS, SPARKMAN	5.2 NAME	Bradley L. Weber
STREET ADDRESS	P O BOX 490240	5.3 STREET ADDRESS	10715 U.S. Hwy 441
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	C <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, LARRY	6.2 NAME	William I. Gunnin (NA)
STREET ADDRESS	1029 W. MAGNOLIA ST.	6.3 STREET ADDRESS	PO Box 491527
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	Leesburg, FL 34748

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.073(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.

SIGNATURE: *William J. Gunnin* **SIGNATURE REQUIRED** DATE: **3-5-97** DAYTIME PHONE: **(352) 787-0053**

CR2E037 (9/96)