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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727358 (4)

1. Corporation Name
BOYS & GIRLS CLUBS OF LAKE & SUMTER COUNTIES, 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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3. Date Incorporated or Qualified 09/05/1973
4. FEI Number 23-7318039
Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

**GUNNIN, WILLIAM J JR
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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STRONG, SCOTT	
STREET ADDRESS	308 S 6 ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HALL, ANN	
STREET ADDRESS	1000 CITIZENS BLVD STE 101	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BATHOLOMEW, JAY	
STREET ADDRESS	431 US HWY441	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	RD	<input checked="" type="checkbox"/> DELETE
NAME	HILL, WYLLIE	
STREET ADDRESS	PO BOX 491358	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAAS, SPARKMAN	
STREET ADDRESS	P O BOX 490240	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUNNIN, WILLIAM	
STREET ADDRESS	PO BOX 491527	
CITY-ST-ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHNSON, STEPHEN W.	
1.3 STREET ADDRESS	PO BOX 491357	N/A
1.4 CITY-ST-ZIP	LEESBURG, FL 34749-1357	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HALL, ANN	
2.3 STREET ADDRESS	1237 VEECH RD	
2.4 CITY-ST-ZIP	LEESBURG, FL 34748	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WEEKLEY, LINDA	
3.3 STREET ADDRESS	900 N. 14th ST	
3.4 CITY-ST-ZIP	LEESBURG, FL 34748	
4.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WEBER, BRADLEY L.	
4.3 STREET ADDRESS	10715 U.S. Hwy 441	
4.4 CITY-ST-ZIP	LEESBURG, FL 34748	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BAAS, SPARKMAN	
5.3 STREET ADDRESS	PO BOX 490240	N/A
5.4 CITY-ST-ZIP	LEESBURG, FL 34749-0240	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *William Gunnin* **REQUIRED** 2/9/98

CRE037 (10/97)