

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 20, 2006 8:00 am
Secretary of State

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01272006 Chg-NP CR2E037 (11/05)

DOCUMENT # N39560					
1. Entity Name LAKE BUTLER SINGLES CLUB, INC.					
Principal Place of Business N.W. 3RD AVE. LAKE BUTLER, FL 32054 US			Mailing Address P.O. BOX 474 LAKE BUTLER, FL 32054 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAULK, MARGIE 359 NW CLARKE AVE MAYO, FL 32066			Name <i>Margie B. Paulk</i> Street Address (P.O./Box Number is Not Acceptable) <i>359 NW Clarke Ave</i> <i>Mayo, FL - 32066</i> City <i>Mayo</i> FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULK, MARGIE		NAME	<i>Mildred Johns</i>	
STREET ADDRESS	359 NW CLARKE AVE		STREET ADDRESS	<i>336 SW Shady Ln</i>	
CITY-ST-ZIP	MAYO, FL 32066		CITY-ST-ZIP	<i>LAKE CITY, FL 32024</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<i>Vice President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, MILDRED		NAME	<i>Curtis Boyette</i>	
STREET ADDRESS	336 SW SHADY LN		STREET ADDRESS	<i>13281 SCR</i>	
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP	<i>LAKE CITY, FL Wallham, FL 32094</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<i>SECRETARY</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, TOBE		NAME	<i>Lucille GARRAGHAN</i>	
STREET ADDRESS	704 SE DEFENDER DR		STREET ADDRESS	<i>P.O. Box 6</i>	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	<i>Gasper FL 32052</i>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<i>TREASURER</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTLE, MAGGIE		NAME	<i>MARGIE B. PAULK</i>	
STREET ADDRESS	217 NW CHIPMUSK CT		STREET ADDRESS	<i>359 NW CLARKE AVE</i>	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	<i>MAYO, FL 32066</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<i>FLOWING OFFICER</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, MILDRED		NAME	<i>EVA LARN</i>	
STREET ADDRESS	336 SW SHADY LN		STREET ADDRESS	<i>1475 Browne Street</i>	
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP	<i>LAKE CITY, FL 32024</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>SHARON ALBERT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUBATZ, BOB		NAME	<i>1475 Halley Dr.</i>	
STREET ADDRESS	RT 5 BOX 40 RD		STREET ADDRESS	<i>Perry FL 32347</i>	
CITY-ST-ZIP	LAKE BUTLER, FL 32054		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block-11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Margie B. Paulk</i>			Date: <i>1/30/06</i> - 386-294-3128		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		