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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39560

(0)

LAKE BUTLER SINGLES CLUB, INC.

Principal Place of Business

Mailing Address

N.W. 3RD AVE.
LAKE BUTLER FL 32054
US

P.O. BOX 474
LAKE BUTLER FL 32054
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/16/1990		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3019031		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

GODWIN, JANIE
RT 2 BOX 260 A-1
HIGHWAY 100E
LAKE BUTLER FL 32054

10. Name and Address of New Registered Agent

81 Name Bobbie Godwin
82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 5, Box 535 H
83
84 City Lake City
85 Zip Code FL 32054

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 JANE A. Godwin Bobbie Godwin, President 5/8/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Bobbie Godwin
NAME	SAPP, LLOYD	1.2 NAME	Rt. 5, Box 535 H
STREET ADDRESS	P.O. BOX 243 N/A	1.3 STREET ADDRESS	(President)
CITY - ST - ZIP	NEWBERRY FL	1.4 CITY - ST - ZIP	Lake City 20 32024
TITLE	DT	2.1 TITLE	Adelene Williams
NAME	GODWIN, JANIE	2.2 NAME	2411 McFarlane Ave
STREET ADDRESS	RT 2 BOX 260 A-1	2.3 STREET ADDRESS	1 V President
CITY - ST - ZIP	LAKE BUTLER FL	2.4 CITY - ST - ZIP	Lake City 20 32055
TITLE	DT	3.1 TITLE	Mary Petry
NAME	WILLIAMS, ADELENE	3.2 NAME	3 Chapel Hill Blvd. Sec.
STREET ADDRESS	2411 MCFARLANE AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	3.4 CITY - ST - ZIP	Lake City 20 32025
TITLE		4.1 TITLE	Jane A. Godwin
NAME		4.2 NAME	RT 2 BOX 260 A-1
STREET ADDRESS		4.3 STREET ADDRESS	2 Treasurer
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Lake Butler 70 32054
TITLE		5.1 TITLE	
NAME		5.2 NAME	200001546172
STREET ADDRESS		5.3 STREET ADDRESS	-09/12/95 --01100--012
CITY - ST - ZIP		5.4 CITY - ST - ZIP	*****61.25 *****61.25
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: JANE A. Godwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/96 904-496-3431
Date Daytime Phone

CR2E037 (12/95)