

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 645549

(7)

1. Corporation Name
LAKE CITY COUNTRY CLUB, INC.



Principal Place of Business

Mailing Address

RT 13 BOX 436
LAKE CITY FL 32055

RT 13 BOX 436
LAKE CITY FL 32055-8012

3. Date Incorporated or Qualified

11/19/1979

3a. Date of Last Report

04/30/1996

4. FEI Number

59-1991863

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERGUSON, DALE C.
111 W. MADISON STREET
LAKE CITY FL 32055

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME FERGUSON, DALE C
STREET ADDRESS 111 W MADISON ST
CITY-STATE-ZIP LAKE CITY, FL 00000

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE PD
NAME GREENE, ROBERT
STREET ADDRESS RT. 13 BOX 521
CITY-STATE-ZIP LAKE CITY, FL 00000

☒ DELETE

2.1 TITLE PD
2.2 NAME WHITAKER, HOWARD
2.3 STREET ADDRESS P.O. BOX 1302
2.4 CITY-STATE-ZIP LAKE CITY, FL 32056

☐ Change ☒ Addition

TITLE VD
NAME WHITAKER, HOWARD
STREET ADDRESS RT. 13 BOX 331-31
CITY-STATE-ZIP LAKE CITY FL

☒ DELETE

3.1 TITLE VD
3.2 NAME TOWNS, GARY
3.3 STREET ADDRESS RT 13 BOX 272
3.4 CITY-STATE-ZIP LAKE CITY, FL 32055

☐ Change ☒ Addition

TITLE TD
NAME GREEN, ROBIN
STREET ADDRESS 2250 INGLEWOOD DR.
CITY-STATE-ZIP LAKE CITY FL

☒ DELETE

4.1 TITLE TD
4.2 NAME POWELL, RICHARD
4.3 STREET ADDRESS RT 13 BOX 382
4.4 CITY-STATE-ZIP LAKE CITY, FL 32055

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)