

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 645549

1. Entity Name
LAKE CITY COUNTRY CLUB, INC.



Principal Place of Business

**1359 SW MAIN BLVD
LAKE CITY, FL 32025**

Mailing Address

**1359 SW MAIN BLVD
LAKE CITY, FL 32025**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1991863

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**POWELL, RICHARD
1359 SW MAIN BLVD
LAKE CITY, FL 32025**

**DO NOT WRITE
IN THIS SPACE**

9. 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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FOREMAN, RON
STREET ADDRESS	1387 S FIRST STREET
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	T
NAME	DRUMMON, JOE
STREET ADDRESS	RT 13 BOX 331-10
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	S
NAME	POWELL, RICHARD
STREET ADDRESS	RT 13, BOX 382
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	P
NAME	WENGERT, PAUL
STREET ADDRESS	RT 13, BOX 379
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/03/06-80020-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

214 06 386 755 4242
Date Daytime Phone #