2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 701651

Entity Name: LAKE REGION SPORTSMAN CLUB INC

Current Principal Place of Business:

4223 SHADOW WOOD COURT
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

PO BOX 1104
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-2056578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GABALDON, ADRIAN
210 S. MAIN STREET
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RUGIERI, KEITH
Address: 103 RYDALMONT RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VDP ( ) Delete
Name: HAWKINS, JIM
Address: 6500 TIMBERLANE RD
City-St-Zip: LAKE WALES, FL 33853

Title: T ( ) Delete
Name: SMITH, JOEY
Address: 4223 SHADOW WOOD COURT
City-St-Zip: WINTER HAVEN, FL 33880

Title: S ( ) Delete
Name: COSTELLO, TOM
Address: 945 15TH STREET N.E.
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COON, MIKE
Address: 201 1ST STREET SOUTH
City-St-Zip: WINTER HAVEN, FL 33880

Title: VDP (X) Change ( ) Addition
Name: COMPTON, MIKE
Address: 604 WAKULLA DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEY E SMITH T 03/19/2009

Electronic Signature of Signing Officer or Director — Date