

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90030 033 ****61.25

DOCUMENT # 718623

1. Entity Name

DEFENDERS OF CROOKED LAKE, INC.



Principal Place of Business

1430 NORTH CROOKED LAKE DR
BABSON PARK FL 33827

Mailing Address

PO BOX 191
BABSON PARK FL 33827
US

40036518



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

1430 N. Crooked Lake Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Babson Park FL

City & State

Zip

33827

Country

Zip

Country

4. FEI Number

59-2522730

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOTMAN, TOM
1430 NORTH CROOKED LAKE DR
BABSON PARK FL 33827

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1430 N. Crooked Lake Dr.

City

Babson Park

FL

Zip Code

33827

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME MCKEEMAN, PATTY
STREET ADDRESS 211 CATHERINE AVE
CITY-ST-ZIP BABSON PARK FL

TITLE PD ☐ Delete
NAME SCHOTMAN, TOM
STREET ADDRESS 1430 NORTH CROOKED LAKE DR.
CITY-ST-ZIP BABSON PARK FL 33827

TITLE TD ☐ Delete
NAME WOODWARD, JANIS E
STREET ADDRESS 1377 HOLLISTER ROAD
CITY-ST-ZIP BABSON PARK FL 33827

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #