


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # 735230 | |  |
| 1. Entity Name THE LAKE SHORE WOMAN'S CLUB, INC. | | |

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| Principal Place of Business 2352 LAKE SHORE BLVD. JACKSONVILLE, FL 32210 | Mailing Address 2352 LAKE SHORE BLVD. JACKSONVILLE, FL 32210 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
06 SEP 29 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08282006 Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-1422394 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BRYANT, CECILIA 1400 PRUDENTIAL DR. #3 JACKSONVILLE, FL 32207 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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 _____ | DATE _____ |
|-----------------|------------|

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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| Filing Fee is \$61.25 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MOLDOON, MARILYN 5354 PONDUE LANE JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500080390475 10/03/06--01034--019 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VP WRIGHT, RUTH 4735 CAMBRIDGE ROAD JACKSONVILLE, FL 32240 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VP Joan Branch 4255 Woodmere Ave Jacksonville FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP BRANCH, JOAN 4255 WOODMERE AVE JACKSONVILLE, FL 32240 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2nd VA Anita Ray 4345 Ortega Farms Blvd Jacksonville FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3VP HILL, DOT 1005 HILLOCK DR., E. JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HARMON, RUTH 5766 CEDAR PARK LANE JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secy Alma Dollar 5124 Morlene Ave Jacksonville FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T INGRAM, ANNA 4931 RAGGEDY POINT RD ORANGE PARK, FL 32003 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Margaret Condon 2210 Bartad Dr Jacksonville FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 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.

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| SIGNATURE: <u>Anna E. Ingram</u> | Date: <u>9-27-06</u> | Daytime Phone #: <u>(904) 388-7921</u> |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anna E. Ingram

20 9/20