


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90064 021 ****61.25

DOCUMENT # 735230 1. Entity Name THE LAKE SHORE WOMAN'S CLUB, INC.					
Principal Place of Business 2352 LAKE SHORE BLVD. JACKSONVILLE, FL 32210			Mailing Address 2352 LAKE SHORE BLVD. JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07182007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1422394	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYANT, CECILIA 1400 PRUDENTIAL DR. #3 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name DREAMA GRIFFIN Street Address (P.O. Box Number is Not Acceptable) 7659 Hillside Dr City JACKSONVILLE FL Zip Code 32210	
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 <i>Dreama Griffin</i> DREAMA GRIFFIN PRESIDENT 7-26-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DREAMA GRIFFIN 2659 Hillside Dr. JACKSONVILLE FL 32221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP BRANCH, JUAN 4255 WOODMERE AVENUE JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ANNITA RAY IS VICE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANNITA RAY 4345 ORTEGA FARMS CIRCLE JACKSONVILLE FL 32210		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP RAY, ANITA 4345 ORTEGA FARMS BLVD JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2ND V.P. GINGER BARSAMIAN 7137 CONANT AVE. 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	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DOLLAR, ALMA 5124 MOELEN AVENUE JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RECORDING SECY MARILYN MOLDOON 5354 PONDUE LN. JACKSON FL 32244 <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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA. PEGGY CONDON 2210 BARLAD DR JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Change <input 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.					
SIGNATURE: <i>Dreama Griffin</i> DREAMA GRIFFIN 7-26-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

904-786-3585