


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743379</b> 1. Entity Name <b>LAKE PANASOFFKEE RECREATION COMMITTEE, INC.</b>	
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<b>Principal Place of Business</b> CR 459 P.O. BOX 1054 LAKE PANASOFFKEE, FL 33538	<b>Mailing Address</b> CR 459 P.O. BOX 1054 LAKE PANASOFFKEE, FL 33538
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01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1837953</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  THORNTON, RANDALL N. 2008 N. CR 470 P.O. BOX 58 LAKE PANASOFFKEE, FL 33538
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IN THIS SPACE**

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)

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARSON, JEANNE C R 470 LK PANASOFFKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANDLER, VIRGIL 602 CR 489 LK PANASOFFKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHANDLER, CAROLYN 602 CR 489 LK PANASOFFKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHWINE, BETTY CR459 LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000382472  
11/12/06-80013-002 61.25

**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 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:** Carolyn Chandler, Treasurer 1/9/06 352-793-8759  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #