

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 743379

1. Entity Name
LAKE PANASOFFKEE RECREATION COMMITTEE, INC.



Principal Place of Business
CR 459
P.O. BOX 1054
LAKE PANASOFFKEE, FL 33538

Mailing Address
CR 459
P.O. BOX 1054
LAKE PANASOFFKEE, FL 33538



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1837953

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	

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01/24/07-80087-016 61.25

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07
Date

352-
793-8759
Daytime Phone #