

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 15 AM 8:29



11102004 REIN-NP CR2E099 (6/04)

<b>DOCUMENT # N00000007178</b> 1. Entity Name LAKE CITY ELKS CLUB, INC.					
Principal Place of Business 259 NW HERNANDO AVE. LAKE CITY, FL 32055			Mailing Address P.O. BOX 1122 LAKE CITY, FL 32056		
2. Principal Place of Business <b>259 NE HERNANDO AVE</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LAKE CITY, FL</b>		City & State			
Zip <b>32055</b>		Country <b>COLUMBIA</b>		4. FEI Number <b>59-0604454</b>	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>WITT, STEPHEN M</b> <b>259 NE HERNANDO AVE.</b> <b>LAKE CITY, FL 32055</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 <b>STEPHEN M. WITT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>11/10/04</b>	
(NOTE: Registered Agent signature required when reinstating)		Make check payable to Florida Department of State			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2005, Fee will be \$297.50</b>		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	D SPRING, JIM 309 N HERNANDO ST LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 259 NE HERNANDO AVE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONSONET, NORBIE 309 N HERNANDO ST LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 259 NE HERNANDO AVE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASON, P DEWITT 309 N HERNANDO ST LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 259 NE HERNANDO AVE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PREVATT, JAMES 259 NE HERNANDO AVE LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR 700042751897 11/15/04--01065--004 ***236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIVATT, JIM BO 309 N HERNANDO ST LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P THOMPSON, THOMAS M. 259 NE HERNANDO AVE LAKE CITY, FL 32055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, RAY 309 N HERNANDO ST LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 259 NE HERNANDO AVE	
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: <b>THOMAS M. THOMPSON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>11/10/04</b> (386) 755-6411 <small>Date Daytime Phone #</small>	

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