


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007178 1. Entity Name LAKE CITY ELKS CLUB, INC.	
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Principal Place of Business 259 NE HERNANDO AVE. LAKE CITY, FL 32055	Mailing Address P.O. BOX 1122 LAKE CITY, FL 32056
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0604454	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WITT, STEPHEN M
259 NE HERNANDO AVE.
LAKE CITY, FL 32055

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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 September 7, 2005**

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	D SPRING, JIM 259 NE HERNANDO AVE. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RONSONET, NORBIE 259 NE HERNANDO AVE. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASON, P DEWITT 259 NE HERNANDO AVE. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PREVATT, JAMES 259 NE HERNANDO AVE LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMPSON, THOMAS M 259 NE HERNANDO AVE. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALKER, RAY 259 NE HERNANDO AVE. LAKE CITY, FL 32055

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07/07/05-80016-010 70.00

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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: Thomas M. Thompson THOMAS M. THOMPSON 7-5-05 752-2284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #