


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000007178

1. Entity Name
LAKE CITY ELKS CLUB, INC.



Principal Place of Business Mailing Address

**259 NE HERNANDO AVE.
 LAKE CITY FL 32055** **P.O. BOX 1122
 LAKE CITY FL 32056**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-0604454 Not Applicable

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



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SPRING, JIM	
STREET ADDRESS	259 NE HERNANDO AVE.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	RONSONET, NORBIE	
STREET ADDRESS	259 NE HERNANDO AVE.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASON, P DEWITT	
STREET ADDRESS	259 NE HERNANDO AVE.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREVATT, JAMES	
STREET ADDRESS	259 NE HERNANDO AVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, THOMAS M	
STREET ADDRESS	259 NE HERNANDO AVE.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, RAY	
STREET ADDRESS	259 NE HERNANDO AVE.	
CITY-ST-ZIP	LAKE CITY FL 32055	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	U00000801620 02/01/08-80025-015 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William G. Brosnar, Treas. 1/25/08 386-752-2284

WILLIAM G. BROSNAR, TREAS.