

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007178

FILED
Apr 12, 2011
Secretary of State

Entity Name: LAKE CITY ELKS CLUB, INC.

Current Principal Place of Business:

259 NE HERNANDO AVE.
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1122
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-0604454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: SPRING, JIM
Address: 259 NE HERNANDO AVE.
City-St-Zip: LAKE CITY, FL 32055

Title: D
Name: RONSONET, NORBIE
Address: 259 NE HERNANDO AVE.
City-St-Zip: LAKE CITY, FL 32055

Title: D
Name: COX, STANLEY
Address: 259 NE HERNANDO AVE.
City-St-Zip: LAKE CITY, FL 32055

Title: D
Name: SIEGMEISTER, JEFFREY A
Address: 259 NE HERNANDO AVE
City-St-Zip: LAKE CITY, FL 32055

Title: P
Name: THOMPSON, THOMAS M
Address: 259 NE HERNANDO AVE.
City-St-Zip: LAKE CITY, FL 32055

Title: D
Name: HOLLINGSWORTH, BARBARA L
Address: 259 NE HERNANDO AVE.
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STANLEY COX

D

04/12/2011

Electronic Signature of Signing Officer or Director

Date