


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000001012</b> 1. Entity Name <b>THE GREATER LAKE CLARKE SHORES BUSINESS REFERRAL GROUP, INC.</b>	
---	---

Principal Place of Business <b>2311 10TH AVE N SUITE 3 LAKE WORTH, FL 33461</b>	Mailing Address <b>2311 10TH AVE N SUITE 3 LAKE WORTH, FL 33461</b>
--	--



01072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1086219</b>	Applied For <input type="checkbox"/> 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>SWINARSKI, DONALD T 2311 10TH AVE N SUITE 3 LAKE WORTH, FL 33461</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000787771 01/18/08-80014-002 61.25</b>
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKERT, TIM 1850 FOREST HILL BLVD W. PALM BCH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKINSON, MARGARET H 1801 FOREST HILL BLVD. W. PALM BCH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINARSKI, DONALD T 2311 10TH AVE.NO., SUITE 3 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDON, CAROLYN 7561 NEMEC DR. NO. W. PALM BCH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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.

<b>SIGNATURE:</b>  <b>Director</b>	<b>1/7/08</b>	<b>261 540 9940</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		