

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006927

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: LAKE CORRECTIONAL EMPLOYEES CLUB, INC.

## Current Principal Place of Business:

19225 US HWY 27  
CLERMONT, FL 34711

## New Principal Place of Business:

19225 US HWY 27  
CLERMONT, FL 34715 US

## Current Mailing Address:

19225 US HWY 27  
CLERMONT, FL 34711

## New Mailing Address:

19225 US HWY 27  
CLERMONT, FL 34715 US

FEI Number: 05-0524887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARNETT, MARC  
19225 US HWY 27  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

SMITH, QUINDE E  
19225 US HWY 27  
CLERMONT, FL 34715 US

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: QUINDE E. SMITH

04/30/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BARNETT, MARC  
Address: 11210 LAKE CIR DR  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: LOSH, KELCIE  
Address: 31022 OAKMONT AVENUE  
City-St-Zip: SORRENTO, FL 32776

Title: D ( ) Delete  
Name: WILLIAMS, WILLIAM A  
Address: 11267 LAKE CIR DR  
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete  
Name: SMITH, QUINDE E  
Address: 2205 E MONTCLAIR RD  
City-St-Zip: LEESBURG, FL 34748

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: SIRMONES, STEPHEN  
Address: 19225 US HWY 27  
City-St-Zip: CLERMONT, FL 34715 US

Title: O (X) Change ( ) Addition  
Name: BLACKSHEAR, LUTHER  
Address: 19225 US HWY 27  
City-St-Zip: CLERMONT, FL 34715 US

Title: O (X) Change ( ) Addition  
Name: SMITH, QUINDE E  
Address: 19225 US HWY 27  
City-St-Zip: CLERMONT, FL 34715 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: QUINDE E. SMITH

O

04/30/2006

Electronic Signature of Signing Officer or Director

Date