

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90037 004 ****70.00

DOCUMENT # N05228

1. Entity Name
LAKE COUNTY SHRINE CLUB HOLDING CORPORATION



Principal Place of Business
P.O. BOX 1744
DUCAN RD (SR19)
TAVARES, FL 32778

Mailing Address
P.O. BOX 1744
TAVARES, FL 32778



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

01102008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6192279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, KENNETH
34239 WOODRIDGE LAN
EUSTIS, FL 32736

Name

Adams, James W.

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

7 Key West Dr.

City

Leesburg

FL

Zip Code

34788

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

James W. Adams

James W. Adams

1/18/08

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **VOSS, ROBERT M.**
STREET ADDRESS **580 FERN AVE**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **President** ☐ Change ☐ Addition
NAME **Darity Marvin K.**
STREET ADDRESS **11538 Lake Eustis Dr.**
CITY-ST-ZIP **Leesburg, FL 34788**

TITLE **P** ☐ Delete
NAME **DARITY, MARVIN K**
STREET ADDRESS **11538 LAKE EUSTIS DR.**
CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE **1st Vice President** ☒ Change ☐ Addition
NAME **Tanner Richard E.**
STREET ADDRESS **100 Caladium St.**
CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **1VP** ☒ Delete
NAME **PEREGRIN, FRANK R**
STREET ADDRESS **4439 RIVER RIDGE DR.**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **2nd Vice President** ☐ Change ☒ Addition
NAME **Floyd L. Cogley**
STREET ADDRESS **114 Sterling Way**
CITY-ST-ZIP **Leesburg, FL 34788**

TITLE **S** ☐ Delete
NAME **ADAMS, JAMES**
STREET ADDRESS **7 KEY WEST DR**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **Secretary** ☐ Change ☐ Addition
NAME **Adams, James W.**
STREET ADDRESS **7 Key West Dr.**
CITY-ST-ZIP **Leesburg, FL 34788**

TITLE **T** ☒ Delete
NAME **EDWARDS, KENNETH**
STREET ADDRESS **34239 WOODRIDGE LN**
CITY-ST-ZIP **EUSTIS, FL 327367203**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Hugh J. Brown**
STREET ADDRESS **5134 River Edge Lane**
CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **2VP** ☐ Delete
NAME **TANNER, RICHARD E**
STREET ADDRESS **100 CALADIUM STREET**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **Director** ☐ Change ☐ Addition
NAME **Voss, Robert M**
STREET ADDRESS **580 Fern Ave.**
CITY-ST-ZIP **Tavares, FL 32778**

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.

SIGNATURE:

James W. Adams

James W. Adams

1/18/08

(352) 323-1402

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

Date

Daytime Phone #