

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90019 037 ****70.00

DOCUMENT # N13470

1. Entity Name
L & F CLUB, INC.



Principal Place of Business
**339 NE SANCHEZ AVE
OCALA, FL 34470 US**

Mailing Address
**P O BOX 5424
OCALA, FL 34478 US**

40019514



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TOLLER, RONALD G
8115 SW 76 AVENUE
OCALA, FL 34476-6961**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	SD LILLEY, DEANNE 506 NE 10TH AVENUE OCALA, FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROCK, MIKE 716 SW 135 TERRACE OCLALA, FL 34472	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDEVITT, TOM 29 PECAN RUN ROAD OCALA, FL 34472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYSOCKT, MICHAEL 3721 NE 14TH AVE OCALA, FL 34479	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, B J 2203 SW 10TH RD OCALA, FL 34474	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MANN, JEANETTE 10280 CR 314 SILVER SPRINGS, FL 34488	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARON GRINNELL 7443 MIDWAY TERRACE OCALA, FL 34472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY JO HUGHES 3316 SE 13 STREET OCALA, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID KING 2822 NE 4 COURT OCALA, FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONALD G. TOLLER 8115 SW 76 AVE. OCALA, FL 34476-6961	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIE MCFARLAND 1613 NW 3 AVE. OCALA, FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ronald G. Toller* **RONALD G. TOLLER, PRES.** **2/14/05 (352) 861-8769**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #