

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13470

FILED
Sep 17, 2007
Secretary of State

Entity Name: L & F CLUB, INC.

Current Principal Place of Business:

339 NE SANCHEZ AVE
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5424
OCALA, FL 34478 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LILLEY, DEANNE D
506 NE 10TH AVENUE
OCALA, FL 34470 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: DEANNE LILLEY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PETERSON, JAY
Address: 1409 NE 17TH AVENUE
City-St-Zip: OCALA, FL 34470 US

Title: TD () Delete
Name: BUSCHER, CINDY
Address: 13215 SE 93RD CIRCLE
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: D () Delete
Name: HUGHES, MARY JO
Address: 3316 SE 13 STREET
City-St-Zip: OCALA, FL 34471 US

Title: D () Delete
Name: KNIERIEMEN, KARL
Address: 6001 SE 127TH PLACE
City-St-Zip: BELLEVUE, FL 34420 US

Title: PD () Delete
Name: BUKY, MONTE
Address: 2330 SE 52ND STREET
City-St-Zip: OCALA, FL 34480 US

Title: VPD () Delete
Name: THOMPSON, DAVID
Address: 5667 NW 61ST LANE
City-St-Zip: OCALA, FL 34482 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: PD (X) Change () Addition
Name: THOMPSON, DAVID
Address: 5667 NW 61ST LANE
City-St-Zip: OCALA, FL 34482 US

Title: VPD (X) Change () Addition
Name: STROHM, LISA
Address: 16 PECAN RUNWAY
City-St-Zip: OCALA, FL 34472 US

I hereby certify that the information supplied with this filing does not qualify 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: DEANNE LILLEY

RA

09/17/2007

Electronic Signature of Signing Officer or Director

Date