


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90312 020 ****61.25

DOCUMENT # N13508	
1. Entity Name LAKE COUNTY DUPLICATE BRIDGE CLUBS, INC.	

Principal Place of Business 510 WEST KEY AVENUE- BOX 1854 EUSTIS FL 32727 US	Mailing Address P O BOX 1854 BOX 1854 EUSTIS FL 32727-8854 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2707901	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TIMPE, JAMES E 150 LAKEVIEW DRIVE LEESBURG FL 34788-2759	
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7. Name and Address of New Registered Agent Name ROBERT PASHE Street Address (P.O. Box Number is Not Acceptable) 6 JADE ST City EUSTIS FL Zip Code 32726	
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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 <i>Robert Pashe</i> ROBERT PASHE 3/31/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLAND, ROBENO 811 LOGH LOMOND DR. LEESBURG FL 34788-7695 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ETHERIDGE, VIRGINIA 601 MCDONALD'S ST., APT 305 MOUNT DORA FL 32757-4867 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAIR, EDNA PO BOX 1121 EUSTIS FL 32727-1121 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOLAND, ROBENO 811 LOGH LOMOND DR LEESBURG FL 34788-7695 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PENNINGTON, FRED 4902 LAKE CARLTON DR. MOUNT DORA FL 32757-7113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERICKSON, CLEO 9807 WEDGEWOOD LANE LEESBURG FL 34788-3136 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANA ADAMS 7008 SHADOWOOD CIRCLE MT. DORA FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ETHERIDGE, VIRGINIA 601 MCDONALD ST, APT 305 MOUNT DORA FL 32757-4867 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEGGY BERGERON 33516 OVERTON DR LEESBURG FL 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT PASHE 6 JADE ST EUSTIS FL 32726 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENNINGTON, FRED 4902 LAKE CARLTON DR MT DORA FL 32757-7113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/D BILL ENNIS 11912 STANWOOD WAY LEESBURG 34788 <input type="checkbox"/> Change <input checked="" 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.	
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SIGNATURE: <i>Fred D. Pennington</i> FRED D. PENNINGTON 4/8/04 352-735-1886 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
