

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90023 002 ****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

20064300



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2707901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASHE, ROBERT
6 JADE ST
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name **JOHN W. CARR**

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

2225 ORKNEY 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

JOHN W CARR

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

(NOTE: Registered Agent signature required when reinstating)

7-12-05

DATE

FILE NOW: 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 **D** ☐ Delete
NAME **ADAMS, DIANA**
STREET ADDRESS **7008 SHADOWOOD CIRCLE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **SD** ☒ Delete
NAME **ETHERIDGE, VIRGINIA**
STREET ADDRESS **601 MCDONALD'S ST., APT 305**
CITY-ST-ZIP **MOUNT DORA FL 32757-4867**

TITLE **D** ☐ Delete
NAME **BERGERON, PEGGY**
STREET ADDRESS **33516 OVERON DR**
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **TD** ☒ Delete
NAME **PASHE, ROBERT**
STREET ADDRESS **6 JADE ST**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **PD** ☒ Delete
NAME **PENNINGTON, FRED**
STREET ADDRESS **4902 LAKE CARLTON DR.**
CITY-ST-ZIP **MOUNT DORA FL 32757-7113**

TITLE **VD** ☐ Delete
NAME **ENNIS, BILL**
STREET ADDRESS **11912 STANWOOD WAY**
CITY-ST-ZIP **LEESBURG FL 34788-3136**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SD ☐ Change ☒ Addition
NAME **LINDA URFF**
STREET ADDRESS **507 HAWTHORN BLVD**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TD ☐ Change ☒ Addition
NAME **JOHN W CARR**
STREET ADDRESS **2225 ORKNEY DR**
CITY-ST-ZIP **LEESBURG FL 34788**

PD ☐ Change ☒ Addition
NAME **JERRY ELMORE**
STREET ADDRESS **4850 MARSH HARBOR DR.**
CITY-ST-ZIP **TAVARES FL 32788**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jerry D Elmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/05
Date

352-343-4016
Daytime Phone #