

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N33942**

**(6)**

1. Corporation Name

**LAKE ANGLERS CLUB, INC.**



Principal Place of Business

**P.O. BOX 983  
MINNEOLA FL 34755**

Mailing Address

**P.O. BOX 983  
MINNEOLA FL 34755**

3. Date Incorporated or Qualified  
**08/29/1989**

3a. Date of Last Report  
**03/09/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

**59-2964651**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMOS, ROBERT  
263 SAVAGE WAY  
GROVELAND FL 34736**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME CRUZ, CLAUDE  
STREET ADDRESS P. O. BOX 33 N/A  
CITY - ST - ZIP MINNEOLA FL

TITLE VD ☐ DELETE  
NAME CAUSEY, CHARLIE  
STREET ADDRESS BOX 641 NA  
CITY - ST - ZIP CLERMONT FL

TITLE STD ☒ DELETE  
NAME KINNEMAND, TOM  
STREET ADDRESS 8530 N. BRADSHAW  
CITY - ST - ZIP CLERMONT FL

TITLE TD ☒ DELETE  
NAME ROHL, BILL  
STREET ADDRESS 8520 FLA. BOYS RANCH RD.  
CITY - ST - ZIP GROVELAND FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME WILLIAM HARRIS  
1.3 STREET ADDRESS 840 GRAND HWY APT 82D  
1.4 CITY - ST - ZIP CLERMONT, FL. 34711

2.1 TITLE S/TD ☒ Change ☐ Addition  
2.2 NAME CAUSEY, CHARLIE  
2.3 STREET ADDRESS BOX 641 NA  
2.4 CITY - ST - ZIP CLERMONT, FL. 34712

3.1 TITLE VD ☐ Change ☒ Addition  
3.2 NAME NORTH, JIM  
3.3 STREET ADDRESS CALVIN LEE RD  
3.4 CITY - ST - ZIP GROVELAND, FL.

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Charles T. Causey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/96**

Date

**904-394-5510**

Daytime Phone #

CR2E037 (12/95)