

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # ~~N33942~~ N33942

1. Corporation Name

Lake Anglers Club, Inc.

Principal Place of Business

Villa City Rd.
Groveland, FL
34736

Mailing Address

P.O. Box #985
Minneola, FL
34755

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

59-2964641

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

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 City

FL

85 Zip Code

34711

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: William Harris

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 NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP

1.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP

1.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP

1.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP

2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP

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5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP

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5.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP

6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP

6.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP

6.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP

6.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP

14. I do 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 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: William Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-97 352-242-3711

Date

Daytime Phone #

CR2E037 (9/96)