

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90141 014 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N33942**

1. Corporation Name

**LAKE ANGLERS CLUB, INC.**

Principal Place of Business

Mailing Address

VILLA CITY ROAD  
GROVELAND FL 34736

PO BOX 985  
MINNEOLA FL 34755



2. Principal Place of Business

21 **Villa City Road**

2a. Mailing Address

26 **P.O. Box 985**

3. Date Incorporated or Qualified

**08/29/1989**

4. FEI Number

**59-2964651**

Applied For

Not Applicable

City & State

**Groveland FL**

City & State

**Minneola FL**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

23 Zip **34736** Country **Lake**

28 Zip **34755** Country **Lake**

9. Name and Address of Current Registered Agent

**HARRIS, WILLIAM  
749 PITT STREET  
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81 Name **Mike Hall**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**12474 Palm Dr.**  
83  
84 City **Montverde** FL 85 Zip Code **34756**

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 **Mike Hall Mike Hall**

**3-28-99**

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	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, WILLIAM	
STREET ADDRESS	749 PITT STREET	
CITY-ST-ZIP	CLERMONT FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KINNENARD, TOM	
STREET ADDRESS	8824 N. BRADSHAW ROAD	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUHL, BILL	
STREET ADDRESS	8520 FLORIDA BOYS RANCH ROAD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KENNERLY, TOM	
STREET ADDRESS	12947 LAKEVIEW AVENUE	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORNE, DAVID	
STREET ADDRESS	14034 MAK HOOKS ROAD	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORTH, JAMES	
STREET ADDRESS	7820 CALVIN LEE ROAD	
CITY-ST-ZIP	GROVELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mike Hall	
1.3 STREET ADDRESS	12474 Palm Dr.	
1.4 CITY-ST-ZIP	Montverde FL 34756	
2.1 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tom Kinnenard	
2.3 STREET ADDRESS	8824 N Bradshaw Rd	
2.4 CITY-ST-ZIP	Clermont FL 34711	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bill Ruhl	
3.3 STREET ADDRESS	8520 Fla, Boys Ranch, Rd	
3.4 CITY-ST-ZIP	Groveland FL	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James Moore	
4.3 STREET ADDRESS	16739 Heatherwood Lane	
4.4 CITY-ST-ZIP	Montverde FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Horne, David	
5.3 STREET ADDRESS	14034 MAK Hook's Road	
5.4 CITY-ST-ZIP	Clermont FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	North James	
6.3 STREET ADDRESS	7820 Calvin Lee Rd	
6.4 CITY-ST-ZIP	Groveland FL	

14. 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 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, with all other like empowered.

SIGNATURE: **Mike Hall Mike Hall**

**3-28-99**

Date

Daytime Phone #

CR2E037 (11/98)