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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39560 (0)
1. Corporation Name
LAKE BUTLER SINGLES CLUB, INC.

Principal Place of Business

N.W. 3RD AVE.
LAKE BUTLER FL 32054
US

Mailing Address

P.O. BOX 474
LAKE BUTLER FL 32054
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

GODWIN, JANIE
RT 2 BOX 260 A-1
HIGHWAY 100E
LAKE BUTLER FL 32054

3. Date Incorporated or Qualified
08/16/1990

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3019031

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 Bobbie Godwin
82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 5, Box 535 H
83
84 City Lake City

FL 85 Zip Code 32054

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 JANE A. Godwin Bobbie Godwin, President 5/8/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TYPE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	SAPP, LLOYD	P.O. BOX 243 N/A	NEWBERRY FL	DELETE	DT	GODWIN, JANIE	RT 2 BOX 260 A-1	LAKE BUTLER FL	DELETE	DT	WILLIAMS, ADELENE	2411 MCFARLANE AVE	LAKE CITY FL	DELETE					

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
	Bobbie Godwin	Rt. 5, Box 535 H	Lake City 20 32024		Adelene Williams	2411 McFarlane Ave	Lake City 21 32055		Mary Petry	3 Chapel Hill Blvd. Sec.	Lake City 21 32025		Jane A. Godwin	RT 2 BOX 260 A-1	Lake Butler 70 32054								

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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: JANE A. Godwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/96 904-496-3431
Date Daytime Phone

CR2E037 (12/95)