


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90021 018 ****61.25

DOCUMENT # N39560 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RAHN, THOMPSON B 1419 REE ST. STARKE, FL 32091			7. Name and Address of New Registered Agent Name Collins, Robert F. Street Address (P.O. Box Number is Not Acceptable) 205 SW Dalmation Lane City Lake City FL Zip Code 32024		
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 <i>Robert F. Collins</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		President <small>(NOTE: Registered Agent signature required when reinstating)</small>		7/24/04 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, WILBUR 247 LINDA VISTA ST. DEBARY, FL 32713 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Collins, Robert F. 205 SW Dalmation Lane Lake City, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WYNN, DELORES 572 SE 51 ST. KEYSTONE HEIGHTS, FL 32656 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kelsay, Blanch 5774 Bryce Court Keystone Heights, FL 32656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WELLINGTON, DORIS 275 N. LAKE AVE. LAKE BUTLER, FL 32054 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Turner, Dorothy R. Route 21, Box 70 Lake City, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAHN, THOMPSON 1419 REE ST. STARKE, FL 32091 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Curl, Elizabeth M. 281 SE Apache Way Lake City, FL 32025 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKELL, DORIS 311 NW 8TH ST. WILLISTON, FL 32696 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Croft, Dorothy K 450 Laguna Drive Lake City, FL 32055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Robert F. Collins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		President		7/24 386-752-5948 <small>Date Daytime Phone #</small>	

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