2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State
04-06-2005 90102 028 ****61.25

DOCUMENT # N39560

1. Entity Name

LAKE BUTLER SINGLES CLUB, INC.

Principal Place of Business	Mailing Address
N.W. 3RD AVE. LAKE BUTLER FL 32054 US	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

1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, ROBERT F
205 SW DALMATION LANE
LAKE CITY FL 32024

7. Name and Address of New Registered Agent

Name: MARGIE PAULK

Street Address (P.O. Box Number is Not Acceptable): 359 NW CLARKE AVE.

City: MAYO FL Zip Code: 32066

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: Maggie Battle Sec't. DATE: 3-17-05
Signature and/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 COLLINS, ROBERT F 205 SW DALMATION LANE LAKE CITY FL 32024	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARGIE PAULK 359 NW CLARKE AVE. MAYO, FL 32066	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KELSAY, BLANCH 5774 BRYCE COURT KEYSTONE HEIGHTS FL 32656	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILDRED JOHNS 336 SW SHADY LN LAKE CITY, FL 32024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TURNER, DOROTHY R RT 21, BOX 70 LAKE CITY FL 32024	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TOBE MORROW 704 SE DEFENDER DR. LAKE CITY, FL 32025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CURL, ELIZABETH M 281 SE APACHE WAY LAKE CITY FL 32025	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MAGGIE BATTLE 217 NW CHIPMUNK CT LAKE CITY, FL 32055	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROFT, DOROTHY K 450 LAGUA DRIVE LAKE CITY FL 32055	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILDRED JOHNS 336 SW SHADY LN. LAKE CITY, FL 32024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOB GAMBATZ RT 5 BOX 4080 LAKE BUTLER, FL 32054	☐ Change ☒ Addition

12. 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 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: Maggie Battle 4-28-05 386 961-9342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #