



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90011 012 ****61.25

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|--|--|--|--|--|--|
| 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 - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 02042008 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent JOANS, MILDRED -- 523 JEFFERSON AVE. ORANGE PARK, FL 32065 | | | 7. Name and Address of New Registered Agent Name <u>CURTIS BOYETTE</u> Street Address (P.O. Box Number is Not Acceptable) <u>13281 S. COUNTY RD 10A</u> City <u>Wellbarn</u> <u>FL</u> Zip Code <u>32094</u> | | |
| 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 <u><i>Curtis Boyette</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | P JOHNS, MILDRED 523 JEFFERSON AVE ORANGE PARK, FL 32065 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOYETTE, CURTIS 13281 S. COUNTY RD 10A Wellbarn FL 32094 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DOWNS, WARREN 17131 NW 73RD TERR FANNING SPRINGS, FL 32693 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COOMBS, LARRY 8346 Claude Harpole Rd. Glen St Mary FL 32040 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GAUBATZ, ROBERT 9281 SW 109TH RUN LAKE BUTLER, FL 32059 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Webber, Penny 25459 County Rd 137 O'Brien, FL 32071 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LIVINGSTON, VERA 17131 NW 73RD TERR FANNING SPRINGS, FL 32963 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TROUTMAN, PEGGY 13281 S. COUNTY RD 10A Wellbarn, FL 32094 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FO PAULK, MARGIE 359 NW CLARKE AVE MAYO, FL 32066 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FO PAULK, MARGIE 359 NW CLARKE AVE MAYO, FL 32066 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Curtis Boyette</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>386-963-4851</u> <small>Daytime Phone #</small> | | |