2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State
02-26-2003 90178 042 ****61.25

FEI 55020453

DOCUMENT # N39560

1. Entity Name
LAKE BUTLER SINGLES CLUB, INC.

☐ CHECK HERE IF MAKING CHANGES

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

4. FEI Number 59-3019031 ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

LAMMERS, FRED J
411 NO MARION ST
LAKE CITY FL 32054

7. Name and Address of New Registered Agent

Name: THOMPSON B. RAHN, TREAS
Street Address (P.O. Box Number is Not Acceptable): 1419 REE ST
City: STARKE **FL** Zip Code: 32091

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: Thompson B Rahn 2-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	TD NESSMITH, MARY 412 DESENDER AVE LAKE CITY FL 32055	☑ Delete	TITLE PD NAME KILBURTURNER STREET ADDRESS 247 LINDAVISTA ST CITY-ST-ZIP DEBARY, FLA 32713	PRESIDENT - DIRECTOR ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABDULLA, FRANK RT 1 BX 865 STARKE FL 32091	☑ Delete	TITLE DV NAME DELORES WYNN STREET ADDRESS 573 SE 51st ST CITY-ST-ZIP KEYSTONE HEIGHTS 32656	1st VICE PRESIDENT-DIRECTOR ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ~~TURNER, KENNY~~ P.O. BOX 214 ORANGE SP FL 32182	☑ Delete	TITLE NAME DORIS WELLINGTON STREET ADDRESS 275 N. LAKE AVE CITY-ST-ZIP LAKE BUTLER FLA 32054	2ND VICE PRESIDENT ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LATVIS, SUSAN P.O. BOX 2275 INTERLACHEN FL 32148	☑ Delete	TITLE TD NAME THOMPSON B. RAHN STREET ADDRESS 1419 REE ST CITY-ST-ZIP STARKE FLA 32091	TREASURER - DIRECTOR ☑ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MIKELL, DORIS 311 NW 8th ST WILLISTON FL 32696	☐ Delete	TITLE NAME MARTHA CREWS STREET ADDRESS PO BOX 1123 CITY-ST-ZIP MELROSE FLA 32666	SECRETARY ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Thompson B Rahn Treas RED 24 Feb. 03 904-964-7518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #