## 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N95000002471

TI FILED
Oct 18, 2005
Secretary of State

Entity Name: LAKE REGION THUNDER CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 1995 THUNDER ROAD EAGLE LAKE, FL 33839 **Current Mailing Address: New Mailing Address:** 1995 THUNDER ROAD EAGLE LAKE, FL 33839 FEI Number: 59-3308478 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REYNOLDS, JUNE P 1995 THUNDER ROAD US EAGLE LAKE, FL 33839 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete REYNOLDS, JUNE P Name: Name: 1995 THUNDER ROAD Address: Address: City-St-Zip: EAGLE LAKE, FL 33839 City-St-Zip: Title: S/D () Delete Title: S/D (X) Change ( ) Addition Name: BROWN, JULIE Name: BORUM, JULIE Address: 1995 THUNDER ROAD Address: 1995 THUNDER ROAD City-St-Zip: WINTER HAVEN, FL 33839 City-St-Zip: WINTER HAVEN, FL 33839 Title: T/D () Delete Title: T/D (X) Change ( ) Addition MOORE, TERRENCE MILLER, LAUREN Name: Name: 1995 THUNDER ROAD Address: 1995 THUNDER ROAD Address: City-St-Zip: WINTER HAVEN, FL 33839 City-St-Zip: WINTER HAVEN, FL 33839 Title: VP/D ( ) Delete Title: () Change () Addition Name: SULLIVAN, J.R. Name: 1995 THUNDER ROAD Address: Address: City-St-Zip: WINTER HAVEN, FL 33839 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE P REYNOLDS P/D 10/18/2005