

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 25, 2007 08:00 A
Secretary of State**

DOCUMENT # N95000002471

1. Entity Name

LAKE REGION THUNDER CLUB, INC.



Principal Place of Business

1995 THUNDER ROAD
EAGLE LAKE, FL 33839

Mailing Address

1995 THUNDER ROAD
EAGLE LAKE, FL 33839



01172007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3308478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BULLOCK, WILLIAM N
1995 THUNDER ROAD
EAGLE LAKE, FL 33839

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	BULLOCK, WILLIAM N
STREET ADDRESS	1995 THUNDER ROAD
CITY-ST-ZIP	EAGLE LAKE, FL 33839
TITLE	S/D
NAME	HART, OLIN
STREET ADDRESS	1995 THUNDER ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33839
TITLE	T/D
NAME	BARTON, TERESA M
STREET ADDRESS	1995 THUNDER ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33839
TITLE	VP/D
NAME	SULLIVAN, J.R.
STREET ADDRESS	1995 THUNDER ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/07-80042-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Teresa M Barton Teresa M Barton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/07

Daytime Phone #

(863)
318 3412