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**Mar 17 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001988 (2)**

1. Corporation Name  
**FOREST LAKE SOCIAL CLUB, INC.**



Principal Place of Business Mailing Address  
**6355 SPRING LAKE CIRCLE  
ZEPHYRHILLS FL 33540** **6355 SPRING LAKE CIRCLE  
ZEPHYRHILLS FL 33540-7539**

3. Date Incorporated or Qualified **04/09/1996** 3a. Date of Last Report **4-9-96**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-3143131** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASON, BARBARA J  
6355 SPRING LAKE CIRCLE  
ZEPHYRHILLS FL 33540**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Margaret Reid	
STREET ADDRESS	6018 Forest Lake Dr.	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	Vice President	<input checked="" type="checkbox"/> DELETE
NAME	Barbara Mason	
STREET ADDRESS	6239 Utopia Dr.	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Jonnie Thompson	
STREET ADDRESS	6043 Forest Lake Dr.	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Ann Krauss	
STREET ADDRESS	6215 Jessup Dr.	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Darlene Chapman	
STREET ADDRESS	5907 Utopia Dr.	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Cy Williams	
STREET ADDRESS	6128 Jessup Dr.	
CITY-ST-ZIP	Zephyrhills, FL 33540	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Janet Smith	
1.3 STREET ADDRESS	6143 Forest Lake Dr.	
1.4 CITY-ST-ZIP	Zephyrhills, FL 33540	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dan Ward	
2.3 STREET ADDRESS	5936 Utopia Dr.	
2.4 CITY-ST-ZIP	Zephyrhills, FL 33540	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marion Naylor	
3.3 STREET ADDRESS	6233 Twilight Dr.	
3.4 CITY-ST-ZIP	Zephyrhills, FL 33540	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Santa Lavinio	
4.3 STREET ADDRESS	6249 Twilight Dr.	
4.4 CITY-ST-ZIP	Zephyrhills, FL 33540	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Alec De Jong	
5.3 STREET ADDRESS	5854 Naples Dr.	
5.4 CITY-ST-ZIP	Zephyrhills, FL 33540	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Emily Haynes	
6.3 STREET ADDRESS	6255 Twilight Dr.	
6.4 CITY-ST-ZIP	Zephyrhills, FL 33540	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)