


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90002 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001988

1. Corporation Name
FOREST LAKE SOCIAL CLUB, INC.

Principal Place of Business 6355 SPRING LAKE CIRCLE ZEPHYRHILLS FL 33540	Mailing Address 6355 SPRING LAKE CIRCLE ZEPHYRHILLS FL 33540
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/09/1996	4. FEI Number 59-3143131 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

BETTY MILLER
5859 NAPLES DR
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name JENNIE JUSTICE	82 Street Address (P.O. Box Number is Not Acceptable) 6458 PRESIDENTIAL CIRCLE	83	84 City ZEPHYRHILLS	85 Zip Code FL 33540
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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 **JENNIE JUSTICE** *Jennie Justice* DATE **6-5-99**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAROLD PEATTIE	
STREET ADDRESS	6335 FOREST LK DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BETTY MILLER	
STREET ADDRESS	5859 NAPLES DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NANCY MATTHEWS	
STREET ADDRESS	5833 NAPLES DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARCELLA WATSON	
STREET ADDRESS	6406 UTOPIA	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAIRE MCGHEE	
STREET ADDRESS	5648 VIAU WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANCES HART	
STREET ADDRESS	5861 NAPLES DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JENNIE JUSTICE	
1.3 STREET ADDRESS	6458 PRESIDENTIAL CIRCLE	
1.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ART CHAPMAN	
2.3 STREET ADDRESS	5907 UTOPIA DR.	
2.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALMA COVERT	
3.3 STREET ADDRESS	5910 JESSUP DR	
3.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NANCY MATTHEWS	
4.3 STREET ADDRESS	5833 NAPLES DR	
4.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RUTH BRYSON	
6.3 STREET ADDRESS	5925 JESSUP DR	
6.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

4. 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 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, with all other like empowered.

SIGNATURE: *Jennie Justice* DATE: **6-5-99** DAYTIME PHONE #: **1-813-788-1569**

CR2E037 (5/99)