


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90037 049 ****61.25

DOCUMENT # N96000001988

1. Entity 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**

54009561



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02162004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-3143131

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JUSTICE, JENNIE
 6458 PRESIDENTIAL CIRCLE
 ZEPHYRHILLS, FL 33540**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004

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

TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHN	
STREET ADDRESS	6102 SPAIN LAKE CIR.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARD, SOPHIA	
STREET ADDRESS	5936 UTOPIA DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	S	<input type="checkbox"/> Delete
NAME	JUSTICE, JENNY	
STREET ADDRESS	6458 PRESIDENTIAL CIRCLE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAFRENIERE, CHARLES	
STREET ADDRESS	5901 UTOPIA DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JOHN	
STREET ADDRESS	6237 SPRING LAKE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, DENISE	
STREET ADDRESS	5749 VIA WAY	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN HARRLEY	
STREET ADDRESS	5729 VIA WAY	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORA YESTA	
STREET ADDRESS	6060 JESSUP DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILEEN LAPANNE	
STREET ADDRESS	6033 PRESIDENTIAL CIR.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Sophia Ward* **Sophia WARD X** **813 782-3704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #