

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3143131**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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** ☐ Delete  
NAME **TAYLOR, JOHN**  
STREET ADDRESS **6102 SPAIN LAKE CIR.**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **P** ☐ Delete  
NAME **WARD, SOPHIA**  
STREET ADDRESS **5936 UTOPIA DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **S** ☐ Delete  
NAME **JUSTICE, JENNY**  
STREET ADDRESS **6458 PRESIDENTIAL CIRCLE**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **T** ☐ Delete  
NAME **LAFRENIERE, CHARLES**  
STREET ADDRESS **5901 UTOPIA DR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **D** ☐ Delete  
NAME **JONES, JOHN**  
STREET ADDRESS **6237 SPRING LAKE DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **D** ☐ 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** ☒ Change ☐ Addition  
NAME **ANN HAFLEY**  
STREET ADDRESS **5729 VIA WAY**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition  
NAME **NORA YESTA**  
STREET ADDRESS **6060 JESSUP DR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **D** ☒ Change ☐ Addition  
NAME **EILEEN LAPANNE**  
STREET ADDRESS **6033 PRESIDENTIAL CIR.**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE ☐ Change ☐ 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sophia Ward*  
**PRES**

Date

Daytime Phone #

**813  
782-3704**