


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90086 005 \*\*\*\*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**

**50021696**

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

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

City & State

4. FEI Number  
**59-3143131**

Applied For  
 Not Applicable

Zip Country

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



02162005 Chg-NP CR2E037 (10/03)

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  
**DOLORES EVANS**

Street Address (P.O. Box Number is Not Acceptable)  
**5849 TWILIGHT DRIVE**

City  
**ZEPHYRHILLS** FL Zip Code  
**33540**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT HAFFLEY, ANN 5729 VIAN WAY ZEPHYRHILLS, FL 33540</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WARD, SOPHIA 5936 UTOPIA DRIVE ZEPHYRHILLS, FL 33540</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JUSTICE, JENNY 6458 PRESIDENTIAL CIRCLE ZEPHYRHILLS, FL 33540</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T YESTA, NORA 6060 JESSUP DR ZEPHYRHILLS, FL 33540</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAPANNE, EILEEN 6033 PRESIDENTIAL CIR ZEPHYRHILLS, FL 33540</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUNTER, DENISE 5749 VIAU WAY ZEPHYRHILLS, FL 33540</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR DONNA MARCELLA 6125 JESSUP DRIVE ZEPHYRHILLS, FL 33540</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P NANCY MCGINNIS 5731 VIAV WAY ZEPHYRHILLS, FL 33540</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY DOLORES EVANS 5849 TWILIGHT DRIVE ZEPHYRHILLS, FL 33540</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR NANCY SHAFFER 5923 UTOPIA ZEPHYRHILLS, FL 33540</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR MARION LAPANNE 6006 FOREST LAKE DRIVE ZEPHYRHILLS, FL 33540</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR KEITH TRASK 6245 TWILIGHT DRIVE ZEPHYRHILLS, FL 33540</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** *Ann M. Haffley* **ANN HAFFLEY** **PRESIDENT** **2/24/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date