


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90050 042 \*\*\*\*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**

**40065633**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

04012008 Chg-NP CR2E037 (12/06)

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**

**EVANS, DOLORES  
 5849 TWILIGHT DRIVE  
 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 \_\_\_\_\_ 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, 2008**

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	P HAFFLEY, ANN 5729 VIAN WAY ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BILINSKI, JOAN 5633 VIEW WAY ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCELLA, DONNA 6125 JESSUP DRIVE ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YESTA, NORA 6060 JESSUP DR ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPANNE, EILEEN 6033 PRESIDENTIAL CIR ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALKINS, CONNIE 5915 BENZE DE ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARION LAPANNE 6033 PRESIDENTIAL CIRCLE ZEPHYRHILLS, FL 33540	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS CHARLES LAFFRENIERE 5901 UTEPIM DR. ZEPHYRHILLS, FL 33540	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CAROLE HUETTEN 5630 VIAN WAY ZEPHYRHILLS, FL 33540	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARYANN ALFIERI 5909 UTEPIM DR. ZEPHYRHILLS, FL 33540	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KURT DENNIG 5714 VIAN WAY ZEPHYRHILLS, FL 33540	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CONNIE ALKINS 5915 BENZ PL. ZEPHYRHILLS, FL 33540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Connie Alkins X **813-780-6627**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**OVER**