

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001988

FILED
Apr 03, 2009
Secretary of State

Entity Name: FOREST LAKE SOCIAL CLUB, INC.

Current Principal Place of Business:

6355 SPRING LAKE CIRCLE
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

6355 SPRING LAKE CIRCLE
ZEPHYRHILLS, FL 33540

New Mailing Address:

FEI Number: 59-3143131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, DOLORES
5849 TWILIGHT DRIVE
ZEPHYRHILLS, FL 33540 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LAPANNE, MARION
Address: 6033 PRESIDENTIAL CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: TRES () Delete
Name: LAFRENNERE, CHARLES
Address: 5901 U TUPIA DR
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: S () Delete
Name: HUETTEN, CAROLE
Address: 5630 VILLA WAY
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D () Delete
Name: ALFIERI, MARYANN
Address: 5929 UTOPIA DR
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D () Delete
Name: DENNER, KURT
Address: 5714 VIAU WAY
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: P () Delete
Name: ALKINS, CONNIE
Address: 5915 BENZ PL
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ALFIERI, MARYANN
Address: 5929 UTOPIA DR
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D (X) Change () Addition
Name: BRAUN, MARIAN
Address: 6168 UTOPIA DR
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D (X) Change () Addition
Name: HUNTER, DENISE
Address: 5749 NAPLES DR
City-St-Zip: ZEPHYRHILLS, FL 33540

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES LAFRENEIRE

T

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date