

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90064 020 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

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

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MITCHELL, MARY</b>	
STREET ADDRESS	<b>8371 SPRING LAKE CR</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WARD, SOPHIA</b>	
STREET ADDRESS	<b>5936 UTOPIA DRIVE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>JUSTICE, JENNY</b>	
STREET ADDRESS	<b>6458 PRESIDENTIAL CIRCLE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LAFRENIERE, CHARLES</b>	
STREET ADDRESS	<b>5901 UTOPIA DR</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MC COMAS, CONNIE</b>	
STREET ADDRESS	<b>5901 TWILIGHT DRIVE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUNTER, DENISE</b>	
STREET ADDRESS	<b>5749 VIAU WAY</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN TAYLOR</b>	
STREET ADDRESS	<b>6102 SPRING LAKE CIR</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Jones</b>	
STREET ADDRESS	<b>6237 Spring Lake Drive</b>	
CITY-ST-ZIP	<b>Zephyrhills, FL 33540</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Eileen Lapanne</b>	
STREET ADDRESS	<b>6006 Forest Lake Drive</b>	
CITY-ST-ZIP	<b>Zephyrhills, FL 33540</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ann Haffley</b>	
STREET ADDRESS	<b>5729 Viau Way</b>	
CITY-ST-ZIP	<b>Zephyrhills, FL 33540</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Linda Dietering</b>	
STREET ADDRESS	<b>6163 Forest Lake Drive</b>	
CITY-ST-ZIP	<b>Zephyrhills, FL 33540</b>	

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: **X** *Sophia Ward* **REQUIRED** *Sophia Ward* **X** *2-26-03* *782-3704*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)