

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90014 028 ****61.25

DOCUMENT # N97000004396

1. Entity Name

LAKE COUNTY VOITURE 400, INC.



Principal Place of Business

C/O AMERICAN LEGION POST 35
920 S HIGHLAND ST
MOUNT DORA FL 32757

Mailing Address

C/O AMERICAN LEGION POST 35
920 S HIGHLAND ST
MOUNT DORA FL 32757

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1393

City & State

City & State
EUSTIS, FL

Zip

Country

Zip

Country

32727

Lake



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3062524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHUTTLEWORTH, JACK
920 S HIGHLAND ST
MOUNT DORA FL 32757

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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	D	<input type="checkbox"/> Delete
NAME	SHUTTLEWORTH, JACK	
STREET ADDRESS	920 S. HIGHLAND ST	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, ARTHUR J	
STREET ADDRESS	920 S. HIGHLAND ST	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHYNOT, FRANKLIN	
STREET ADDRESS	920 S. HIGHLAND ST	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jack Shuttleworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK SHUTTLEWORTH 343.8795
Date 5/27/05 (352)
Daytime Phone #