

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

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90041 008 \*\*\*\*61.25



**DOCUMENT # N99000003334**  
**1. Entity Name**  
**DESOTO CORRECTIONAL INSTITUTION EMPLOYEES CLUB INC.**

**Principal Place of Business**  
 13617 SE HIGHWAY 70  
 ARCADIA, FL 34266-7800

**Mailing Address**  
 13617 SE HIGHWAY 70  
 ARCADIA, FL 34266-7800

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Zip**      **Country**

03242005    Chg-NP    CR2E037 (10/03)

**4. FEI Number**  
 59-3576891

**Applied For**  
 Not Applicable

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



**6. Name and Address of Current Registered Agent**

O'CONNOR, ROBERT  
 13617 SE HIGHWAY 70  
 ARCADIA, FL 34266-7800

**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

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	RHODES, BEVERLY	
STREET ADDRESS	13617 SE HIGHWAY 70	
CITY-ST-ZIP	ARCADIA, FL 342667800	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEAD, FREIDA	
STREET ADDRESS	13617 SE HIGHWAY 70	
CITY-ST-ZIP	ARCADIA, FL 342667800	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LAWRENCE, DAVID	
STREET ADDRESS	13615 SE HIGHWAY 70	
CITY-ST-ZIP	ARCADIA, FL 342667800	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNOR, ROBERT	
STREET ADDRESS	13617 S.E. HIGHWAY 70	
CITY-ST-ZIP	ARCADIA, FL 342667800	
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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Leadhart	
STREET ADDRESS	13617 SE Highway 70	
CITY-ST-ZIP	Arcadia, FL 34266-7800	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence, David	
STREET ADDRESS	13617 SE Highway 70	
CITY-ST-ZIP	Arcadia, FL 34266-7800	
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		

**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 of supplemental reports 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:** *David Lawrence*      **3-25-05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #