

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90210 001 \*\*\*150.00

|   |  |                                 |   |   |  |
|---|--|---------------------------------|---|---|--|
| <b>DOCUMENT # P98000047015</b><br>1. Entity Name<br>ROOSEVELT RECREATION & SOCIAL CLUB, INC.  |  |                                 |   |   |  |
| Principal Place of Business<br>230 "B" STREET<br>LAKE WALES, FL 33853   |  |                                 | Mailing Address<br>230 "B" STREET<br>LAKE WALES, FL 33853                           |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State  |  |                                 | City & State  |   |  |
| Zip   |  | Country                         |   | Zip   |  |
| Country   |  | Country                         |   | 4. FEI Number<br>59-3513454   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |                                 |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br>AMERILAWYER<br>343 ALMERIA AVENUE<br>CORAL GABLES, FL 33134  |  |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |  |                                 |   | \$8.75 Additional Fee Required  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |                                 |   |   |  |
| DATE _____  |  |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   |  |
| <b>\$5.00 May Be Added to Fees</b>  |  |                                 |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>MACK, JEROME<br>421 PEARL STREET<br>LAKE WALES, FL 33853       | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>HAWKINS, ALBERT JR<br>156 GRANT STREET<br>LAKE WALES, FL 33853 | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>HORNE, CLINTON<br>507 E POLK AVE<br>LAKE WALES, FL 33853       | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>MANLEY, ALICE<br>510 CRESCENT CIRCLE<br>LAKE WALES, FL 33853   | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>HOWELL, TERRY<br>611 CARVER DRIVE<br>LAKE WALES, FL 33853      | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>HAWKINS, DOROTHY<br>325 OHIO ST.<br>LAKE WALES, FL 33853        | <input type="checkbox"/> Delete |   |   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                 |   |   |  |
| 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 607, 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. |  |                                 |   |   |  |
| <b>SIGNATURE: Clinton Horne, President</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |                                 |   |   |  |
| 4-27-05 (863) 679-8091<br><small>Date Daytime Phone #</small>   |  |                                 |   |   |  |