

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704484

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: BLOOMINGDALE CIVIC CLUB INC.

**Current Principal Place of Business:**

2215 BLOOMINGDALE AVE  
% BLOOMINGDALE LITTLE LEAGUE  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 89815  
TAMPA, FL 33689

**New Mailing Address:**

FEI Number: 03-0429412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLETCHER, MICHAEL  
3402 ORIENT ROAD  
TAMPA, FL 33619      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: PD      ( ) Delete  
Name: TROVILLION, ALLAN  
Address: 2509 MASON OAKS DR  
City-St-Zip: VALRICO, FL 33594

Title: VD      ( ) Delete  
Name: SLOWEY, CHARLES  
Address: 3015 LITTLE ROAD  
City-St-Zip: VALRICO, FL 33594

Title: SD      ( ) Delete  
Name: BARFIELD, JAMES  
Address: 2203 DURANT RD  
City-St-Zip: VALRICO, FL 33594

Title: TD      ( ) Delete  
Name: FLETCHER, MICHAEL  
Address: 1434 CLARION DR  
City-St-Zip: VALRICO, FL 33594

Title: D      ( ) Delete  
Name: CARTER, MATTHEW  
Address: 2204 BLOOMINGDALE AVE  
City-St-Zip: VALRICO, FL 33594

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL FLETCHER

TD

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date