## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 704484**

FILED May 13, 2007 Secretary of State

Entity Name: BLOOMINGDALE CIVIC CLUB INC.

Jurrent F	Principal Place of Business:	New Principal Place of Business:
% BLOON	OMINGDALE AVE MINGDALE LITTLE LEAGUE , FL 33594	
Current Mailing Address:		New Mailing Address:
P.O. BOX FAMPA, F	89815 FL 33689	
n accordar	r: 03-0429412 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation d d Address of Current Registered Agent	id not receive the prior notice.
FLETCHE 3402 ORII	ER, MICHAEL ENT ROAD FL 33619 US	
	e named entity submits this statement for t te of Florida.	the purpose of changing its registered office or registered agent, or both
SIGNATU	IRE:	
SIGNATU	RE:Electronic Signature of Registered	Agent Date
SIGNATU <b>DFFICER</b>		Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
	Electronic Signature of Registered	· ·
OFFICER itle: lame: .ddress:	Electronic Signature of Registered  S AND DIRECTORS:  PD () Delete TROVILLION, ALLAN 2509 MASON OAKS DR	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition  Name: Address:
DFFICER itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	Electronic Signature of Registered  S AND DIRECTORS:  PD () Delete TROVILLION, ALLAN 2509 MASON OAKS DR VALRICO, FL 33594  VD () Delete SLOWEY, CHARLES 3015 LITTLE ROAD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
DFFICER itle: lame: .ddress: bity-St-Zip: itle: lame: .ddress:	Electronic Signature of Registered  ES AND DIRECTORS:  PD () Delete TROVILLION, ALLAN 2509 MASON OAKS DR VALRICO, FL 33594  VD () Delete SLOWEY, CHARLES 3015 LITTLE ROAD VALRICO, FL 33594  SD () Delete BARFIELD, JAMES 2203 DURANT RD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  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 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 05/13/2007