


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

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90046 025 \*\*\*\*61.25

**DOCUMENT # N01000003905**

1. Entity Name  
**FUN "T" CLUB CENTRAL FLORIDA CHAPTER, INC.**



Principal Place of Business  
**16502 SPRING VALLEY RD.  
 DADE CITY, FL 33523**

Mailing Address  
**16502 SPRING VALLEY RD.  
 DADE CITY, FL 33523**

**50018826**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**04-3626635**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SARGENT, EDWIN B  
 C/O 16502 SPRING VALLEY RD  
 DADE CITY, FL 33523**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	T	<input type="checkbox"/> Delete
NAME	SARGENT, EDWIN B	
STREET ADDRESS	C/O 16502 SPRING VALLEY RD	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, DONALD L	
STREET ADDRESS	14830 BOLAND AVENUE	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOST, ROBERT	
STREET ADDRESS	4204 W WOODMERE RD	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWSOME, FRAN	
STREET ADDRESS	16502 SPRING VALLEY RD	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLERANI, JOHN	
STREET ADDRESS	5843 18TH STREET	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE		<input type="checkbox"/> Delete
NAME	See Attachment	
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		
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 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:** \_\_\_\_\_ **2/16/05** **352 796-8889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

50018826  
#101000003905

11. Additional Officers and Directors:

P  
Steve Manuel  
200 North Avenue  
Brooksville, FL 34601

VP  
Tom Hammatt  
80 Lark Avenue  
Brooksville, FL 34601

D  
Glenn Johnson  
18303 Wayne Road  
Odessa, FL 33556

D  
Milt Roorda  
18810 Snails Pace Way  
Odessa, FL 33556