

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006306

FILED
Apr 27, 2005
Secretary of State

Entity Name: BUSHNELL KWIANIS CLUB, INC.

Current Principal Place of Business:

P.O. BOX 821
BUSHNELL, FL 335130821

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 821
BUSHNELL, FL 335130821

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RACIAPPA, MARK P
6835 CR 607-B
BUSHNELL, FL 33513 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: S () Delete
Name: RACIAPPA, MARK P
Address: 6835 CR 607-B
City-St-Zip: BUSHGUL, FL 33573

Title: D () Delete
Name: SWAIN, RITA
Address: PO BOX 26
City-St-Zip: BUSHNELL, FL 33513

Title: PD () Delete
Name: LOSSE, MICHAEL
Address: P.O. BOX 1644
City-St-Zip: BUSHNELL, FL 33513

Title: T () Delete
Name: CONNELL, MARILYN
Address: 682 CR 778
City-St-Zip: WEBSTER, FL 33597

Title: D () Delete
Name: HARRISON, JULIAN
Address: 324 W. DADE AVE.
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: WAKEMAN, RUTH
Address: 11380 S. HWY. 301
City-St-Zip: WEBSTER, FL 33597

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: RACIAPPA, MARK P
Address: 6835 CR 607-B
City-St-Zip: BUSHNELL, FL 33513

Title: P (X) Change () Addition
Name: ROBERTS, JIM
Address: P.O. BOX 784
City-St-Zip: BUSHNELL, FL 33513

Title: D (X) Change () Addition
Name: LOSSE, MICHAEL
Address: P.O. BOX 1644
City-St-Zip: BUSHNELL, FL 33513

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 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 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: MARK P. RACIAPPA

S

04/27/2005

Electronic Signature of Signing Officer or Director

Date