


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90106 015 ****61.25

DOCUMENT # N02000005726

1. Entity Name
THE SUNSHINE STATE PAPILLON CLUB, INC.



Principal Place of Business
**5535 STARLING LOOP
 LAKELAND, FL 33810**

Mailing Address
**5535 STARLING LOOP
 LAKELAND, FL 33810**

60011912



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

01312007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GARAMELLA, TAMMY
5535 STARLING LOOP
LAKELAND, FL 33810

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 *Tammy Garamella* DATE 1-31-07

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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKETT, ANGELA 2633 PICKET DOWN DRIVE CHULUOTA, FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KORPI, MARYJO 778-99TH AVE N NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Kuncel, Laura 736 Carmen Dr Lake Helen, FL 32744</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARAMELLA, TONY 5535 STARLING LOOP LAKELAND, FL 33810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Mary Jo Korp, 778-99th Ave N Naples, FL 34108</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARAMELLA, TAMMY 5535 STARLING LOOP LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONCEL, LAURA 736 CARMEN DR LAKE HELEN, FL 32744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Sue Kendra 3817 Nicholas Ct Tarpon Springs, FL 34688</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZECH, ARLENE 778 99TH AVENUE N NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained 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 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: *Tammy Garamella* DATE 1-31-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #