

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006122

FILED
Apr 13, 2007
Secretary of State

Entity Name: MIDDLE SCHOOL SERVICE CLUB, INC.

Current Principal Place of Business:

1520 EAST WISCONSIN AVENUE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1520 EAST WISCONSIN AVENUE
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 16-1678405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS, JULIUS E
1520 E. WISCONSIN AVENUE
ORANGE CITY, FL 32763 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: P () Delete
Name: DOUGLAS, ALICIA D
Address: 507 LANCASTER AVE
City-St-Zip: ORANGE CITY, FL 32763 US

Title: VP () Delete
Name: HERNDON, TYRONE
Address: 206 FRIESIAN WAY
City-St-Zip: SANFORD, FL 32773 US

Title: TD () Delete
Name: WORRELL, VALENTINE
Address: 4401 STONE MEADOW DR.
City-St-Zip: ORLANDO, FL 32826 US

Title: M () Delete
Name: HERRING, CHERYL
Address: 607 ALDER ROAD DRIVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: M (X) Change () Addition
Name: KELLY, PETTINGEL
Address: P.O. BOX 1894
City-St-Zip: DELAND, FL 32721 US

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: ALICIA DOUGLAS

P

04/13/2007

Electronic Signature of Signing Officer or Director

Date