


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90107 041 ****61.25

DOCUMENT # 738007 1. Entity Name THE TOURIST CLUB OF ZEPHYRHILLS, INC.					
Principal Place of Business 5216 SEVENTH STREET ZEPHYRHILLS, FL 33542			Mailing Address 5216 SEVENTH STREET ZEPHYRHILLS, FL 33542		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 33542		Country		Zip 33542	
Country		4. FEI Number 59-1749373			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOOMIS, RUSS 6103 PEACH ST ZEPHYRHILLS, FL 33540				7. Name and Address of New Registered Agent Name BARBARA LADY Street Address (P.O. Box Number is Not Acceptable) 5152 RYALS RD City ZEPHYRHILLS FL Zip Code 33541	
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 BARBARA LADY, PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 LADY, BARBARA <input checked="" type="checkbox"/> Delete 38143 DONNA AVE ZEPHYRHILLS, FL 33542		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LADY BARBARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5152 RYALS RD ZEPHYRHILLS FL 33541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOWLE, ROWENA <input type="checkbox"/> Delete 5509 BENTON ST ZEPHYRHILLS, FL 33541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, EARL <input type="checkbox"/> Delete 35039 CASTLE DR ZEPHYRHILLS SHORES, FL 33541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, NONA <input checked="" type="checkbox"/> Delete 7337 LOL BLVD (P.O. BOX 125) LAND O LAKES, FL 34639		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Shirley Copeland <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 38612 STAFFORD DR ZEPHYRHILLS FL 33540	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, EDGAR <input type="checkbox"/> Delete 36942 KAY AVE ZEPHYRHILLS, FL 33542		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, ANDREW <input checked="" type="checkbox"/> Delete 38833 9TH AVE ZEPHYRHILLS, FL 33542		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. NORTON CONNIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 38833 9TH AVE ZEPHYRHILLS FL 33542	
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: Edgar Myers <i>Edgar Myers</i> 4-14-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					