## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90107 041 \*\*\*\*61.25

1. Entity Nam	MENT #738007 PRIST CLUB OF ZEPHYRE			04-19-2006 90107 041 ****61.25			
5216 SEVENTH STREET 5216			ailing Address i216 SEVENTH STREET EPHYRHILLS, FL 39000		1888 HIS 1881 SSM: BSM: 1	991 6124 21311 21311 21311 21311 21311	#P##171#1: #D 1#P#T
2. Principal P	Place of Business	3. Mailing Address	<del></del>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		^		2.3
			City & State		Ong-10	CR2E037 (11/05	Applied For
City & State		City & State			15er 149373	<del> </del>	Not Applicable
<sup>Zip</sup> 33:	542 Country	33542	Country	5. Certifica	ite of Status Desired	□ \$8.75 / Fee Requ	Additional rired
	6. Name and Address of Curren	t Registered Agent	Name		nd Address of New	Registered Agent	
LOOMIS, RUSS					VADY		
6103 PEA	NLLS, FL 33540	515	ddress (P.O. Box Nun 2 RYALS	Rb Acceptan			
,			City	City Zin Code			
8 The shove	named entity submits this statement	registered office or	PHYR HILLS FL Zip Code 33544				
<ol> <li>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.</li> </ol>							
SIGNATURE BALBARA LADY. PRESIDENT							
SIGNATURE.	Signature, typed or printed name of registered ages		E: Registered Agent signatu	re required when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund C	mpaign Financing	\$5.00 May Added to Fe		Make check payable prida Department of	
10.	Due by May 1, 2006 OFFICERS AND D	Trust Fund (	npaign Financing Contribution.	\$5.00 May Added to Fe	es Flo	Make check payable orida Department of CERS AND DIRECTORS	State IN 10
10. TITLE	Due by May 1, 2006	Trust Fund (	npaign Financing Contribution.	\$5.00 May Added to Fe ADDITIONS/O	CHANGES TO OFFICE	Make check payable orida Department of CERS AND DIRECTORS	State IN 10
TITLE NAME STREET ADDRESS	OFFICERS AND D P LADY, BARBARA 38143 DONNA AVE	Trust Fund (	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS	\$5.00 May Added to Fe ADDITIONS/O	CHANGES TO OFFICE	Make check payable orida Department of CERS AND DIRECTORS	State IN 10  P Addition
TITLE NAME	OFFICERS AND D P LADY, BARBARA	Trust Fund (	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Added to Fe ADDITIONS/O	CHANGES TO OFFIC	Make check payable orida Department of CERS AND DIRECTORS	State IN 10 Pe Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P LADY, BARBARA 38143 DONNA AVE ZEPHYRHILLS, FL 33542 VP TOWLE, ROWENA	Trust Fund C	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Added to Fe ADDITIONS/O	CHANGES TO OFFICE	Make check payable orida Department of CERS AND DIRECTORS  A  R  d  335	State IN 10 Pe Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P LADY, BARBARA 38143 DONNA AVE ZEPHYRHILLS, FL 33542 VP	Trust Fund C	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Added to Fe ADDITIONS/O	CHANGES TO OFFICE	Make check payable orida Department of CERS AND DIRECTORS  A  R  d  335	State IN 10 Pe Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2008  OFFICERS AND D  P LADY, BARBARA 38143 DONNA AVE ZEPHYRHILLS, FL 33542  VP TOWLE, ROWENA 5509 BENTON ST ZEPHYRHILLS, FL 33541 D	Trust Fund C	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE THE	\$5.00 May Added to Fe ADDITIONS/O	CHANGES TO OFFICE	Make check payable orida Department of CERS AND DIRECTORS  A  R  d  335	State  SIN 10  pe
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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 Edgar Myers 4-14-06
SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER OF DIRECTOR DEC DEC DEC DECE DECEDED DECEDED