

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90164 045 \*\*\*\*61.25

<b>DOCUMENT # N04000003443</b> 1. Entity Name <b>MID FLORIDA BRITTANY CLUB, INC.</b>					
Principal Place of Business <b>10408 PARK RIDGE GOTH RD. WINDERMERE, FL 34786 US</b>			Mailing Address <b>10408 PARK RIDGE GOTH RD. WINDERMERE, FL 34786 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent  <b>HALLARON, JEAN A SEC. Dir 10408 PARK RIDGE GOTH RD. WINDERMERE, FL 34786</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number <b>59-3230973</b>		
Signature: <u>Jean A Hallaron</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
Filing Fee is \$81.25 Due by May 1, 2008			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 <b>HOWELL, ROBERT J P 15638 MAHONEY DRIVE SPRING HILL, FL 34610</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Demi Morse 4149 Chown Dr Lakeland, FL 33810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>WALMSLEY, BESS VP 6186 LARRY STREET VENICE, FL 34293</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Debi Micklitsch 4760 Venetian Blvd Saint Petersburg, FL 33703</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. Dir <b>HALLARON, JEAN A SEC 10408 PARK RIDGE GOTH RD. WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. <b>Patricia McCarthy 13231 SW 53rd St Miami, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA <b>MITCHELL, DEBBIE TREAS 1472 MAIN STREET SARASOTA, FL 34236</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir <b>Tonja Pittman 6745 17th Street South St Petersburg, FL 33712</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR TREA <b>HALLARON, JAY L DIR TREA 10408 PARK RIDGE GOTH RD. WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir <b>Tonja Pittman 6745 17th Street South St Petersburg, FL 33712</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>SOWDER, DAVID DIR 4421 RUM GAY CIRCLE SARASOTA, FL 34233</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir <b>Tonja Pittman 6745 17th Street South St Petersburg, FL 33712</b>
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: <u>Jean A Hallaron</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <u>4-29-08</u> Daytime Phone #: <u>407-521-9005</u>					