

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003905

Entity Name: FUN "T" CLUB CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

16502 SPRING VALLEY RD.
DADE CITY, FL 33523

Current Mailing Address:

16502 SPRING VALLEY RD.
DADE CITY, FL 33523

FEI Number: 04-3626635

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOBREGA, MARCELO
C/O 30806 IVERSON DRIVE
WESLEY CHAPEL, FL 33543 US

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

Officer/Director Detail :

Title PRESIDENT
Name NOBREGA, MARCELO
Address 30806 IVERSON DRIVE
City-State-Zip: WESLEY CHAPEL FL 33543

Title VICE PRESIDENT
Name NOBREGA JR., MARCELO
Address 30806 IVERSON DRIVE
City-State-Zip: WESLEY CHAPEL FL 33559

Title SECRETARY
Name NEWSOME, FRAN
Address 16502 SPRING VALLEY ROAD
City-State-Zip: DADE CITY FL 33523

Title TREASURER
Name NEWSOME, FRAN
Address 16502 SPRING VALLEY ROAD
City-State-Zip: DADE CITY FL 33523

Title DIRECTOR
Name ROORDA, MILT
Address 10025 TARPON SPRINGS ROAD
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name ADLER, JIM
Address 30641 LAKE AVENUE
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name BOYD, STEVE
Address 16464 SPRING VALLEY ROAD
City-State-Zip: DADE CITY FL 33523

Title DIRECTOR
Name HEMINGWAY, CHARLES
Address 36305 SHADY OAKS DRIVE
City-State-Zip: DADE CITY FL 33525

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I hereby 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 all other like empowered.

SIGNATURE: MARCELO NOBREGA

PRESIDENT

03/15/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DUNCAN, JOYCE
Address 16464 SPRING VALLEY RD
City-State-Zip: DADE CITY FL 33523

Title DIRECTOR
Name DANIELS, ED
Address 1512 PARILLA CIRCLE
City-State-Zip: TRINITY FL 34655