

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04214

**Entity Name:** ILA CLERKS AND CHECKERS HOLDING CORPORATION

**Current Principal Place of Business:**

1909 CITRUS ORCHARD WAY  
VALRICO, FL 33594

**Current Mailing Address:**

P.O. BOX 2055  
TAMPA, FL 33601 US

**FEI Number:** 59-6151266

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLALOCK, DONALD  
1909 CITRUS ORCHARD WAY  
VALRICO, FL 33594 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            BLALOCK, DONALD E  
Address        1909 CITRUS ORCHARD WAY  
City-State-Zip: VALRICO FL 33594

Title            VICE-PRESIDENT  
Name            DIFRESCO, NICHOLAS A  
Address        2381 ROSE TERRACE PATH  
City-State-Zip: BROOKSVILLE FL 34602

Title            TREASURER  
Name            DE VRIEND, GARY  
Address        2906 SAN NICHOLAS  
City-State-Zip: TAMPA FL 33629

Title            SECRETARY  
Name            HANNESSON, CARRIE  
Address        10605 HACKNEY DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title            OFFICER  
Name            COTTEN, EVAN B  
Address        301 GRIFFIN RD.  
City-State-Zip: LUTZ FL 33548

*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:** GARY DEVRIEND

**TREASURER**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date