
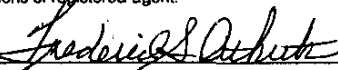
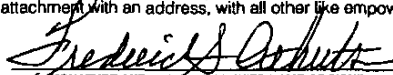


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90017 046 ****61.25

DOCUMENT # 704579			
1. Entity Name DELAND BRIDGE CLUB INC.			
Principal Place of Business 165 DEERFOOT RD DELAND, FL 32720		Mailing Address 165 DEERFOOT RD DELAND, FL 32720	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JENKINS, ELMIRA S 3097 WHISPER BLVD DELAND, FL 32724		7. Name and Address of New Registered Agent Name FREDERICK S. ATHERTON Street Address (P.O. Box Number is Not Acceptable) 512 WESTON PLACE City DEBARY FL Zip Code 32713	
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  FREDERICK S. ATHERTON Treasurer DATE 3-22-06 <small>(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	PD SCHOOLMASTER, MARY ELLEN 1487 SAXON BLVD ENTERPRISE, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCHOOLMASTER, MARY ELLEN 1467 SAXON BLVD DELTONA, FL 32728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURSON, ANNE C 503 W UNIVERSITY AVE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LENNON, BETTY 4720 HILLSIDE AVE DE LEON SPRINGS, FL 32130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LENNON, BETTY 920 HUNTERS CREEK DRNE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete JENKINS, ELMIRA S 3097 WHISPER BLVD DELAND, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FREDERICK S. ATHERTON 512 WESTON PLACE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BUNNELL, CHRISTINE 315 VIOLETWOOD RD DELAND, FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STIFF, PAM 112 A'LBORTH WAY DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCDERMOTT, GLORIA 352 HAMPTON HILLS COURT DEBARY, FL 32713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  FREDERICK S. ATHERTON		Date 3-22-06 Daytime Phone # (386) 668-6018	