

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **704631** (1)

1. Corporation Name

PYRAMID CLUB, INC.



Principal Place of Business

Mailing Address

1626 GUINYARD STREET
ORLANDO FL 32805-4212

1626 GUINYARD STREET
ORLANDO FL 32805-4212

3. Date Incorporated or Qualified
10/09/1974

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **4547 Wheatley ST**

26 **IRENE JOHNSON**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **ORLANDO, FLA**

27 **4547 Wheatley ST**

City & State

City & State

23 **32811**

28 **ORLANDO, FL**

Zip

Zip

Country

Country

24 **USA**

29 **32811** 30 **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOLFORK, NORRIS
305 S PARRAMORE AVE
ORLANDO FL 32805

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

T
NAME TUNER, ELIZABETH
STREET ADDRESS 4186 GAITHER ST.
CITY-STATE-ZIP ORLANDO, FL 00000 ☐ DELETE

PD
NAME MAYHUE, MARY
STREET ADDRESS 1626 GUINYARD ST BX 5415
CITY-STATE-ZIP ORLANDO, FL 00000 ☒ DELETE

VD
NAME JOHNSON, IRENE
STREET ADDRESS 4547 WHEATLEY STREET
CITY-STATE-ZIP ORLANDO FL ☐ DELETE

SD
NAME ROBERTS, KATHYE
STREET ADDRESS 4833 PILGRIMS WAY
CITY-STATE-ZIP ORLANDO FL ☐ DELETE

D
NAME STEWART, ALTAMESE
STREET ADDRESS 3202 WOLCOTT PLACE
CITY-STATE-ZIP ORLANDO FL ☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **PRESIDENT**
2.3 STREET ADDRESS **IRENE JOHNSON**
2.4 CITY-STATE-ZIP **4547 WHEATLEY ST**
ORLANDO, FL 32811

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Irene Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 1996 (407) 243-8032

Date

Daytime Phone #

CR2E037 (12/95)