

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90064 021 ****61.25

DOCUMENT # 704631

1. Entity Name
PYRAMID CLUB, INC.



Principal Place of Business
**4186 GAITHER STREET
ORLANDO, FL 32811**

Mailing Address
**4186 GAITHER STREET
ORLANDO, FL 32811**

24026130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7218179

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIPLIN, GARY
5020 SILVER STAR ROAD
ORLANDO, FL 32808**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITILE **T** ☒ Delete
NAME **SHEPARD, DELORES**
STREET ADDRESS **3510 HAGE WAY**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE **P** ☐ Delete
NAME **TURNER, CHARLOTTE**
STREET ADDRESS **4186 GAITHER STREET**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITILE **President** ☐ Change ☐ Addition
NAME **Elizabeth Turner**
STREET ADDRESS **4186 Gaither St**
CITY-ST-ZIP **OKI FL 32811**

TITILE **SD** ☐ Delete
NAME **TURNAGE, CAROLYN**
STREET ADDRESS **4444 S RIO GRANDE 320 D**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE **VP** ☐ Delete
NAME **BULLARD, TAMMIE**
STREET ADDRESS **3047 S SIXTH STREET**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITILE **vice president** ☐ Change ☐ Addition
NAME **Fannie Bullard**
STREET ADDRESS **2047 W. South St**
CITY-ST-ZIP **OKI FL 32805**

TITILE **D** ☐ Delete
NAME **BUTLER, MABLE**
STREET ADDRESS **1320 MABLE BUTLER BLVD**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elizabeth Turner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04
Date

Daytime Phone #