


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90284 001 ****70.00

DOCUMENT # 712223					
1. Entity Name CLOVERLEAF 4 - H PARK OF CHRISTMAS INC.					
Principal Place of Business 2350 E MICHIGAN STREET ORLANDO, FL 32806			Mailing Address 2350 E MICHIGAN STREET ORLANDO, FL 32806		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-2100155	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILKINS, DEE 2350 E MICHIGAN STREET ORLANDO, FL 32806			Name <i>Thomas MacCubbin</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>2350 East Michigan St.</i>		
			City <i>Orlando</i> FL Zip Code <i>32806</i>		
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 <i>[Signature]</i>		Thomas MacCubbin - Extension Agent 04/26/05			
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, 2005		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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALTER, JANIS		NAME	<i>1855 Taylor Creek Rd</i>	
STREET ADDRESS	4639 SADDLECREEK PLACE		STREET ADDRESS	<i>CHRISTMAS, FL 32709</i>	
CITY-ST-ZIP	ORLANDO, FL 32829		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUCKER, CECIL A II		NAME		
STREET ADDRESS	23300 FORT CHRISTMAS ROAD		STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS, FL 32709		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEST, KAY		NAME		
STREET ADDRESS	1705 10TH STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32820		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YATES, LEE		NAME		
STREET ADDRESS	912 N CHRISTMAS ROAD		STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS, FL 32709		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HODGES, RUPPERT		NAME		
STREET ADDRESS	9522 JAMES CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS, FL 32709		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HODGES, CHRISTINE		NAME		
STREET ADDRESS	9522 JAMES CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS, FL 32709		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: <i>[Signature]</i>		4/26/05		407-568-2087	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	