




**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90126 045 \*\*\*\*61.25

<b>DOCUMENT # 712223</b>					
1. Entity Name <b>CLOVERLEAF 4 - H PARK OF CHRISTMAS INC.</b>					
Principal Place of Business <b>2350 E MICHIGAN STREET ORLANDO, FL 32806</b>			Mailing Address <b>1855 TAYLOR CREEK RD CHRISTMAS, FL 32709</b>		
2. Principal Place of Business - No P.O. Box #			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				7. Name and Address of New Registered Agent	
<b>MACCUBBINN, THOMAS 2350 E MICHIGAN ST ORLANDO, FL 32806</b>				Name <b>JANIS WALTER</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>1855 TAYLOR CREEK RD</b>	
				City <b>CHRISTMAS</b>	
				State <b>FL</b>	
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.				8. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
SIGNATURE 				DATE <b>4/22/2008</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WALTER, JANIS</b>	TITLE			
STREET ADDRESS	<b>1855 TAYLOR CREEK RD D</b>	NAME			
CITY-ST-ZIP	<b>CHRISTMAS, FL 32709</b>	STREET ADDRESS			
		CITY-ST-ZIP			
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>TUCKER, CECIL A II</b>	NAME			
STREET ADDRESS	<b>23300 FORT CHRISTMAS ROAD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CHRISTMAS, FL 32709</b>	CITY-ST-ZIP			
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WEST, KAY</b>	NAME			
STREET ADDRESS	<b>1705 10TH STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO, FL 32820</b>	CITY-ST-ZIP			
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>YATES, LEE</b>	NAME			
STREET ADDRESS	<b>912 N CHRISTMAS ROAD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CHRISTMAS, FL 32709</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KIGHT, WANDA</b>	NAME			
STREET ADDRESS	<b>9608 JAMES CRK RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CHRISTMAS, FL 32709</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HODGES, CHRISTINE</b>	NAME			
STREET ADDRESS	<b>9522 JAMES CREEK RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CHRISTMAS, FL 32709</b>	CITY-ST-ZIP			
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: 				Date <b>4/22/2008</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	



03042008 Chg-NP CR2E037 (12/08)

4. FEI Number **41-2100155** Applied For  Not Applicable

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

**MACCUBBINN, THOMAS  
2350 E MICHIGAN ST  
ORLANDO, FL 32806**

Name **JANIS WALTER**  
 Street Address (P.O. Box Number is Not Acceptable) **1855 TAYLOR CREEK RD**  
 City **CHRISTMAS** State **FL** Zip Code **32709**

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  DATE **4/22/2008**

Filing Fee is **\$61.25**  
Due by **May 1, 2008**

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	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTER, JANIS</b>	NAME	
STREET ADDRESS	<b>1855 TAYLOR CREEK RD D</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHRISTMAS, FL 32709</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCKER, CECIL A II</b>	NAME	
STREET ADDRESS	<b>23300 FORT CHRISTMAS ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHRISTMAS, FL 32709</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, KAY</b>	NAME	
STREET ADDRESS	<b>1705 10TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32820</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YATES, LEE</b>	NAME	
STREET ADDRESS	<b>912 N CHRISTMAS ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHRISTMAS, FL 32709</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIGHT, WANDA</b>	NAME	
STREET ADDRESS	<b>9608 JAMES CRK RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHRISTMAS, FL 32709</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HODGES, CHRISTINE</b>	NAME	
STREET ADDRESS	<b>9522 JAMES CREEK RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHRISTMAS, FL 32709</b>	CITY-ST-ZIP	

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:  DATE **4/22/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #