

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712223

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** CLOVERLEAF 4 - H PARK OF CHRISTMAS INC.

**Current Principal Place of Business:**

23391 EAST COLONIAL DRIVE  
CHRISTMAS, FL 32709

**New Principal Place of Business:**

**Current Mailing Address:**

23780 CHRISTMAS CEMETERY RD  
CHRISTMAS, FL 32709

**New Mailing Address:**

FEI Number: 41-2100155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WEST, KAY SEC  
1705 10TH STREET  
ORLANDO, FL 32820 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TATE, ROBERTA  
Address: 23780 CHRITMAS CEMETERY RD  
City-St-Zip: CHRISTMAS, FL 32709

Title: V  
Name: TUCKER, CECIL A II  
Address: 23300 FORT CHRISTMAS ROAD  
City-St-Zip: CHRISTMAS, FL 32709

Title: S  
Name: WEST, KAY  
Address: 1705 10TH STREET  
City-St-Zip: ORLANDO, FL 32820

Title: T  
Name: YATES, LEE  
Address: 912 N CHRISTMAS ROAD  
City-St-Zip: CHRISTMAS, FL 32709

Title: D  
Name: KIGHT, WANDA  
Address: 9608 JAMES CRK RD  
City-St-Zip: CHRISTMAS, FL 32709

Title: D  
Name: HODGES, CHRISTINE  
Address: 9522 JAMES CREEK RD  
City-St-Zip: CHRISTMAS, FL 32709

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTA TATE

PRES

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date