

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90031 041 ****70.00

DOCUMENT # 713272 1. Entity Name CROOM-A-COOCHIEE IMPROVEMENT CLUB, INC.					
Principal Place of Business 12621 CR 687 WEBSTER, FL 33597			Mailing Address 3895 C.R. 656 WEBSTER, FL 33597 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4386 SW 127th Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Webster, FL		4. FEI Number 59-2380672	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33597		Country Sumter		Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, JEAN 3895 C.R. 656 WEBSTER, FL 33597			7. Name and Address of New Registered Agent Name JoAnne A. Baker Street Address (P.O. Box Number is Not Acceptable) 4386 SW 127th Road City Webster FL Zip Code 33597		
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 <u><i>JoAnne A. Baker, Treasurer</i></u> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <u>7-11-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		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 NAME ADAMS, TERRENCE STREET ADDRESS 11945 SW 29TH DRIVE CITY-ST-ZIP WEBSTER, FL 33597	<input checked="" type="checkbox"/> Delete		TITLE P NAME KEN BAKER STREET ADDRESS 4386 SW 127th Road CITY-ST-ZIP webster, FL 33597	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME MESSER, TOMMY STREET ADDRESS 12166 SW 46 ST. CITY-ST-ZIP WEBSTER, FL 33597	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Andy Seese STREET ADDRESS 12344 CR 684 CITY-ST-ZIP webster FL 33597	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME JONES, JEAN STREET ADDRESS 3895 C.R. 656 CITY-ST-ZIP WEBSTER, FL	<input checked="" type="checkbox"/> Delete		TITLE TD NAME JoAnne A. Baker STREET ADDRESS 4386 SW 127th Road CITY-ST-ZIP webster FL 33597	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME BORNEMANN, CAROL STREET ADDRESS 11945 SW 29TH DRIVE CITY-ST-ZIP WEBSTER, FL 33597	<input checked="" type="checkbox"/> Delete		TITLE S NAME Darlene Van Tol STREET ADDRESS 4786 SW 122nd Lane CITY-ST-ZIP webster FL 33597	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ANDES, WALTER STREET ADDRESS 12604 CR 681 CITY-ST-ZIP WEBSTER, FL 33597	<input type="checkbox"/> Delete		TITLE D NAME Don Van Tol STREET ADDRESS 4786 SW 122 LANE CITY-ST-ZIP webster, FL 33597	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME YOUNG, BEATRICE STREET ADDRESS 12327 CR 684 CITY-ST-ZIP WEBSTER, FL 33597	<input type="checkbox"/> Delete		TITLE D NAME Bud Lacy STREET ADDRESS 4572 CR 691 CITY-ST-ZIP Webster, FL 33597	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u><i>JoAnne A. Baker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>7-11-08</u> <u>352-793-3219</u> <small>Date Daytime Phone #</small>		